

Case Number:	CM14-0111791		
Date Assigned:	09/19/2014	Date of Injury:	12/03/1999
Decision Date:	11/19/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who reported an injury on 12/03/1999. The mechanism of injury was not provided. The diagnoses included right/left knee medial meniscal tear and patellar chondromalacia. Previous medical treatment included medications, heat/ice, and Viscosupplementation injections. Diagnostic testing was not provided. The surgical history was not provided. The injured worker has undergone 2 Viscosupplementation injections to the left knee. On the clinical note dated 02/13/2014 after the first Viscosupplementation injection of the left knee, the injured worker stated being frustrated with the ongoing symptoms of her knee pain. The injured worker complained on 07/01/2014 of persistent mild anterior pain bilaterally, but has greater medial knee pain, left more than right. There was no physical examination on the clinical note dated 07/01/2014. Medications were not provided. The treatment plan is for Orthovisc injection x3 each bilateral knees (6 total injections). The rationale for the request was not submitted. The Request for Authorization form was submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orthovisc Injection x 3 Each Bilateral Kneez (6 Total Injections): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections.

Decision rationale: The request for Orthovisc injection x 3 each bilateral knees (6 total injections) is not medically necessary. The Official Disability Guidelines state Hyaluronic acid injections (Orthovisc) is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or Acetaminophen), to potentially delay total knee replacement. Criteria for Hyaluronic acid injections- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium. The guidelines also state if over 50 years of age repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. The guidelines state Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of Hyaluronic acid injections for these indications has not been established. There is lack of documentation the injured worker has not responded adequately to recommended conservative treatments (exercise, NSAIDs or Acetaminophen). There is lack of documentation the injured worker had any objective measureable progress with previous injections. The guidelines do not support the injection use on patients with patellar chondromalacia. Therefore the request for Orthovisc injection x 3 each bilateral knees (6 total injections) is not medically necessary.