

Case Number:	CM14-0115497		
Date Assigned:	08/04/2014	Date of Injury:	10/06/2012
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 34 year old female patient who reported an industrial injury to the right knee on 10/6/2012, almost two years ago, attributed to the performance of her customary job tasks reported as catching her foot while stepping out a truck. The patient subsequently underwent arthroscopy of the right knee with debridement and retinacular release on 11/15/2013. The patient underwent rehabilitation physical therapy. The patient received a corticosteroid injection with some short term relief. The patient was walking with a cane. The patient complains of persistent pain to the right knee. The objective findings on examination included TTP over the joint lines with antalgic gait; full range of motion of the right knee. The diagnosis was right knee contusion; chondromalacia patella; other disorder of the muscle ligament and fascia; and primary localized osteoarthritis of the lower leg. The treatment plan included Orthovisc injection to the right knee to cushion the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTION RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections.

Decision rationale: The request for authorization of the Orthovisc injections is not supported with objective evidence not demonstrated to be medically necessary for the treatment of probable early degenerative joint disease as recommended by the CA MTUS and the Official Disability Guidelines. The patient is diagnosed with knee osteoarthritis, however it is not clear by the provided clinical notes what conservative treatment has been attempted by the patient in relation to the bilateral knee prior to the request for viscosupplementation. There is no objective evidence provided to support the medical necessity of viscosupplementation directed to patellofemoral syndrome or chondromalacia. The objective findings on examination are consistent with patellofemoral syndrome which is not recommended to be treated with viscosupplementation. It is not clear that the patient has participated in a self-directed home exercise program for conditioning and strengthening in relation to the knees. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. There is no demonstrated medical necessity for the Orthovisc injection to the right knee status post arthroscopy. The request for Orthovisc Injection Right Knee is not medically necessary.