

Case Number:	CM14-0127800		
Date Assigned:	08/15/2014	Date of Injury:	08/28/2013
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation 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 medical records reflect the injured worker is a 51 year old male who sustained a left knee injury on 8-28-13. The injured worker has a diagnosis of marked to moderate chondromalacia of the medial facet of the patella. The injured worker is status post left arthroscopic procedure on 12-13-13. The injured worker had orthovisc injections x 2, most recently on 7-11-14. On 8-1-14, the injured worker still complained of right greater than left retro patellar pain. He reports increasing functionality following the orthovisc injection. On exam, the injured worker had tenderness to palpation at the superior to inferior medial patellar facets. The injured worker was continued with full work activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc Injections x 3 for the left knee with ultrasound guidance as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/knee>; Table 2, Summary of Recommendations, Knee Disorders.

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

Decision rationale: The ODG notes that hyaluronic acid injections are recommended in patients who 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; Over 50 years of age, pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, failure to adequately respond to aspiration and injection of intra-articular steroids. These injections are generally performed without fluoroscopic or ultrasound guidance. It is noted that 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. 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. This injured worker had a couple of Hyaluronic injections with the most recent done on 7-11-14 noting improvement, but no documentation regarding type of improvement, quantification, and increase in ADL's. Additionally, these injections are generally done without ultrasound guidance. Therefore, based on the records provided, the request is not medically necessary.