

Case Number:	CM14-0131887		
Date Assigned:	09/16/2014	Date of Injury:	08/28/2012
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 50-year-old female with a 08/28/2012 date of injury. A specific mechanism of injury was not described. 7/31/14 determination was non-certified given that the patient had signs and symptoms typical of a patellar femoral problem and viscosupplementation was not indicated for this condition. 7/22/14 medical report by [REDACTED] identified that the patient was seen primarily for patellofemoral disease. It was noted that the patient participated in physical therapy and did not find that particularly helpful. The pain is localized to the anterior right knee, and described as a dull ache, sharp with going up and downstairs. Associated symptoms include crepitus and swelling. Pain was rated 4/10 on a good day and 8/10 on a bad day. Other treatments included medications, cold therapy, and home exercises. Exam revealed normal range of motion, 2+ patellar crepitus with lateral patellar tracking, no effusion, 7 degrees of valgus, and stable ligaments. The provider stated that the requested viscosupplementation injections are directed to the patient's patellofemoral osteoarthritis. Diagnoses include synovitis of the knee and patellofemoral chondrosis. A 3/26/14 progress report identified a plan to prescribe a cortisone injection for the right knee. Additional medical reports were submitted for review which included PM&R consultations regarding the low back and medical reports for management of thumb and hand complaints. There were additional progress reports included that were largely illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections one injection into right knee once a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- KNEE & LEG (UPDATED 06/05/2014)HYALURONIC ACID INJECTIONS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. (Leopold, 2003) (Da

Decision rationale: The Official Disability Guidelines (ODG) indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. In this case, the patient has chronic pain knee pain and there was a request for viscosupplementation injections to manage patellofemoral osteoarthritis. However, the medical records did not provide imaging reports documenting such condition. In addition, in a March report a recommendation was made for a cortisone injection, yet, there was no indication if this was performed and what were the results from such. Therefore, the request for an Orthovisc Injections one injection into right knee once a week for 3 weeks is not medically necessary and appropriate.