

Case Number:	CM14-0153237		
Date Assigned:	10/09/2014	Date of Injury:	04/09/2010
Decision Date:	11/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 and Oklahoma. 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 38-year-old female who reported an injury on 04/09/2010. While working at the [REDACTED], she twisted her right knee when she stepped over debris. The injured worker complained of right knee pain. The diagnoses included status post knee arthroscopy with ACL reconstruction. The diagnostic studies included an MRI of the right knee dated 01/11/2012 that revealed no meniscal tear; a medial meniscus was attenuated and small, consistent with partial meniscectomy. The anterior horn of the lateral meniscus was attenuated, suggestive of partial meniscectomy. A near full thickness chondral fissure at the weight bearing aspect of the medial femoral condyle and areas of the chondral thinning, and an irregularity at the anterior aspect of the condyle were seen. An arthroscopy to the right knee was performed with partial lateral meniscectomy, synovectomy, chondroplasty, and removal of deep hardware in the proximal tibia, dated 08/02/2012; status post right knee arthroscopy with ACL reconstruction dated 11/13/2012. Past treatments included physical therapy, medication, exercise program, and modified duty. The objective findings for the right knee dated 03/13/2014 revealed the range of motion with flexion at 35 degrees. And extension was 0 degrees. The muscular strength was 5/5. No tenderness to palpation was noted along the medial joint line. No tenderness to palpation along the lateral joint line was noted. There was no crepitus with range of motion. McMurray's was negative. Pivot shift was negative. Lachman's revealed mild laxity. Anterior drawer was positive with mild laxity. Varus and valgus stress were stable. The medications included Percocet for relief of symptoms and over the counter medications on a daily basis. The injured worker rated her pain at 5/10 with activity, including extended use. The treatment plan included an Orthovisc injection to the right knee. The Request for Authorization form dated 10/09/2014 was submitted with documentation.

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: Knee Chapter: Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, injections

Decision rationale: The request for an Orthovisc Injection Right Knee is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appeared modest at best. The clinical notes did not make evident that the injured worker had a diagnosis of osteoarthritis to the knees. Additionally, the objectives findings did not provide the medical justification for an Orthovisc injection. As such, the request is not medically necessary.