

Case Number:	CM14-0159221		
Date Assigned:	10/03/2014	Date of Injury:	03/07/2012
Decision Date:	10/29/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old female with an injury date of 03/07/12. Based on the 09/08/14 progress report provided by [REDACTED], the patient complains of flared up knee pain for 2 months. Physical examination to the right knee revealed tenderness to palpation to medial femoral condyle, trace effusion and crepitus. Range of motion was 0-115 degrees. There was also 4- weakness to the quadriceps. Patient is on home exercise program, physical therapy and takes Celebrex. Treating physician is requesting Orthovisc injection for grade IV degenerative joint disease in the medial femoral condyle of the right knee. Diagnosis 09/08/14 includes: medial meniscal tear right knee; early compartment degeneration disease; arthroscopy right knee synovectomy, meniscectomy 08/29/12; lumbosacral strain/ rule out H&P L5-S1; lumbar disc protrusion anterolisthesis L4-5. [REDACTED] is requesting Repeat Orthovisc injections right knee x 4. The utilization review determination being challenged is dated 09/22/14. The rationale is: "significant improvement in symptoms for 6 months has not been documented." [REDACTED] is the requesting provider and he provided treatment report dated 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Orthovisc injections right knee x 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter , Knee & Leg, (Acute & Chronic)

Decision rationale: The patient presents with flared up knee pain for 2 months. The request is for Repeat Orthovisc injections right knee x 4. She is status post arthroscopy right knee synovectomy, meniscectomy 08/29/12. ODG guidelines on Synvisc for knee: "Repeat series of injections: This systematic review on the efficacy and safety of repeat courses of hyaluronan therapy in patients with OA of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. 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." Treating physician states patient has grade IV degenerative joint disease in the medial femoral condyle of the right knee. The patient appears to have significant osteoarthritis of the knee for which Synvic injections are indicated. Recommendation is that the request is medically necessary.