

Case Number:	CM14-0161157		
Date Assigned:	11/03/2014	Date of Injury:	03/13/2009
Decision Date:	12/08/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51 year old woman who sustained a work-related injury on March 13, 2009. Subsequently, she developed with chronic left knee pain. The patient underwent left knee meniscectomy however she developed with the swollen knee that lasted for more than one year. The patient underwent a second left knee surgery without improvement of her pain. The patient underwent 24 visits of physical therapy as well as acupuncture without the improvement of her condition. The patient physical examination demonstrated left medial joint line tenderness with moderate effusion and positive McMurray tests. The patient MRI of left knee performed on December 27, 2011 demonstrated medial meniscectomy with unclear residual tearing. A follow-up MRI of the left knee performed on August 16, 2014 demonstrated lateral contusion and tibial and femoral trochlear groove articular surface thinning. The provider request authorization to use Orthovisc injection series of 3 left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series of 3 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

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

injections,

<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is <Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best>. Although the patient was documented to not respond to conservative therapies including physical therapy, activity modification, steroid injections and pain medication, there is no documentation of the status of the knee when patient used a brace. In addition, the knee physical examination was limited and there is no documentation of severe knee dysfunction and osteoarthritis that requires orthovisc injections. Therefore the request for Orthovisc injection series of 3 left knee is not medically necessary.