MAXIMUS Federal Services

Case Number:	CM14-0172170		
Date Assigned:	10/23/2014	Date of Injury:	11/25/2005
Decision Date:	12/11/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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:

There were 357 pages provided for this review. The application for independent medical review was signed on September 16, 2014. It was for a series of three Orthovisc injections to the left knee. Per the records provided, the claimant is a 49-year-old female. She was seen on August 28, 2014 noting that she was status post a left knee meniscectomy in April 2013. She has had left knee pain since the injury in November 2005. The pain was seven out of 10. Treatment has consisted of a series of Orthovisc injections which provided no relief. X-rays on May 29, 2014 showed joint space narrowing. An MRI for the left knee on July 12, 2014 showed a subchondral cyst in the medial tibial condyle, bone island and medial femoral condyle and a small joint effusion. The patella had a lateral tilt. The assessment was a left knee osteoarthritis, left knee chondromalacia and left knee meniscus tear post meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Orthovisc injections for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Hyaluronic acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, under Hyalgan/Synvisc Knee Injections

Decision rationale: The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). The patient already received these injections, and no relief was reported. It is not clear what would drive trying again with a repeat set of injections. The request was appropriately not medically necessary per MTUS guides.