

Case Number:	CM14-0173516		
Date Assigned:	10/24/2014	Date of Injury:	12/03/2012
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family 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 40-year-old male patient who reported an industrial injury to his right knee on 12/3/2012, almost two (2) years ago, attributed to the performance of his usual and customary job tasks reported as having a camper shell fall and hit his right knee causing a hyperextension of the knee while he was moving the camper shell. X-ray studies were normal to the knee. The patient underwent physical therapy to the right knee and reported a worsening of symptoms. The MRI of the right knee dated 12/2/2012, demonstrated evidence of a meniscal contusion and patella femoral chondromalacia. The patient was recommended by the AME to have diagnostic surgical intervention with arthroscopy to the right knee. The objective findings on examination included right knee with swelling; full extension to 130 for range of motion; medial joint line tenderness of the right knee; positive spring signed the right knee. The diagnosis was probable medial meniscus tear right knee. The treatment plan included a repeated MRI study of the right knee and the treatment plan recommended a medial meniscectomy to the right knee. The treatment plan included Orthovisc injection to the right knee x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection for the right knee x 3: 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 and Leg, (updated 10/07/2014) Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240; 337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections

Decision rationale: The 40-year-old patient is diagnosed with chondromalacia patella and a medial meniscus contusion and is being recommended Orthovisc injections x3 directed to the right knee for the reported continued knee pain. The clinical narrative provided no objective findings to the right knee to support medical necessity of the requested viscosupplementation. The patient is noted to have a contusion of the medial meniscus and chondromalacia patella of the knee as documented by MRI study. The OA of the knee documented did not support the medical necessity for viscosupplementation as evidence-based guidelines do not recommend the use of viscosupplementation for the diagnosis of chondromalacia patella. There is no indication that the patient is attempting to delay a TKA. There is no demonstrated medical necessity for the use of Orthovisc injections for the treatment of osteoarthritis of the right knee for early degenerative changes. The patient is documented to be worsening with no significant objective findings on examination of painful OA of the right knee. There was no assessment of the grade of chondromalacia or OA of the knee. The provider did not document objective evidence to support the medical necessity of viscosupplementation for the treatment of the right knee in relation to the criteria recommended by the California MTUS. There is no Grade of OA documented or any objective findings on examination. There is no x-ray evidence of medial compartment collapse. The patient has ongoing right knee pain; however, there has been no documented failure of NSAIDs or corticosteroid injections. The AME recommended a diagnostic arthroscopy and did not recommend Orthovisc injections. The criteria recommended for the use of viscosupplementation by the CA MTUS is not documented on the clinical narrative upon which Orthovisc injections were recommended in the treatment plan. The request for authorization of the Orthovisc injections is not supported with objective evidence not demonstrated to be medically necessary for the treatment of probable early degenerative joint disease as recommended by the CA MTUS and the Official Disability Guidelines. The patient is diagnosed with a knee osteoarthritis however it is not clear by the provided clinical notes what conservative treatment has been attempted by the patient in relation to the knee prior to the request for viscosupplementation. There is no objective evidence provided to support the medical necessity of viscosupplementation directed to patellofemoral syndrome or chondromalacia. It is not clear that the patient has participated in a self-directed home exercise program for conditioning and strengthening in relation to the knees. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. There is no demonstrated medical necessity for the Orthovisc injection to the right knee status post arthroscopy. The Official Disability Guidelines recommend viscosupplementation as indicated for patients 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) are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement. There is no demonstrated medical necessity for the requested Orthovisc injections times three directed to the right knee. There is no demonstrated medical necessity for the requested Orthovisc injections to the right knee x3.

