

Case Number:	CM14-0175548		
Date Assigned:	10/29/2014	Date of Injury:	03/15/2013
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 55-year-old male patient who reported an industrial injury to the knee on 3/15/2013, 1 and a half years ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall. The patient complained of right shoulder, low back, and bilateral knee pain. It was no objective findings documented for the left knee in the clinical narrative provided to support medical necessity of the treatment request. The patient was reported to have left knee pain and prior medical documentation which included tenderness of the patellofemoral and medial joint line; pain with McMurray's maneuver and swelling in the knee. The treating physician reported that the x-rays of the left knee documented severe arthritis. The MRI of the left knee documented "very mild arthritis and all three (3) compartments." The patient was provided a knee injection. The diagnosis was left knee osteoarthritis. The treatment plan included Orthovisc injections to the left knee x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection to the left knee x 3 series: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 240, 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) Knee chapter--Hyaluronic acid injections

Decision rationale: The clinical narrative provided no objective findings to the left knee to support medical necessity of the requested viscosupplementation. The patient is noted to have mild osteoarthritis (OA) of the three (3) compartments of the knee as documented by MRI study. The OA of the knee documented did not support the medical necessity for viscosupplementation. There is no indication that the patient is attempting to delay a total knee replacement. There is no demonstrated medical necessity for the use of Orthovisc injections for the treatment of osteoarthritis of the left knee for early degenerative changes. The patient is documented to be worsening with no significant objective findings on examination of painful OA of the left knee. The provider did not provide x-ray evidence of arthritic changes to the left 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 left 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 bilateral knee pain; however, there has been no documented failure of NSAIDs or corticosteroid injections. The criteria recommended for the use of viscosupplementation by the California 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 California 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 left 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 nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), and are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as, arthroscopic debridement, or younger patients wanting to delay total knee replacement. There is no demonstrated medical necessity for the requested Orthovisc injections times three (3) directed to the left knee. There is no demonstrated medical necessity for the requested Orthovisc injections to the left knee x3.