

Case Number:	CM14-0180602		
Date Assigned:	11/05/2014	Date of Injury:	02/13/2014
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 48-year-old woman who sustained a work related injury on February 13, 2014. Subsequently, she developed chronic knee pain. MRI of the left knee dated April 15, 2014 showed tricompartmental degenerative arthrosis, severe, in the medial compartment with areas of full-thickness cartilage loss and degenerative tearing of the medial meniscus, moderate-sized joint effusion, and multiple multiloculated ganglion cysts posteriorly. According to a follow-up report dated September 22, 2014, the patient complained of knee pain, which she rated at 9/10. The patient also continued to complain of decline in tolerance to a variety of activity and difficulty arising from seated position. The first series of viscosupplementation diminished pain by 3 points; however, the pain has returned somewhat. The patient also complained of compensatory right knee pain, which was rated at 3/10. Physical examination revealed tenderness of the left knee medial and lateral joint line. Range of motion remained limited. There was Crepitation with range of motion assessment. The patient was diagnosed with left knee facet osteoarthropathy, multiple ganglion cysts, and degenerative tear medial meniscus. Treatment plan included continuation of physical therapy, second of series of viscosupplementation, left knee hinged brace, medications, and random UDS. The provider recommended orthovisc injection, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection, second series of 3 for the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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>. In this case, the first series of viscosupplementation diminished pain by 3 points; however, the pain has returned. There is no clear evidence of consistent efficacy with previous injections of Hyaluronic acid. Therefore the request of a second series of Left Knee Orthovisc Injection is not medically necessary.