

Case Number:	CM14-0022716		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2012
Decision Date:	08/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 35-year-old male who reported an injury on 10/18/2012. The mechanism of injury was walking. His diagnoses include status post left knee arthroscopic partial medial meniscectomy and chondroplasty lateral tibial plateau on 09/05/2013, and grade 3 chondromalacia of the labral tibial plateau. His previous treatments have included medication, activity modification, physical therapy, and surgery. Per the clinical note dated 01/10/2014, the injured worker presented with complaints of pain to his left knee. He reported his symptoms were unchanged since his last visit and indicated that the cortisone injection was not effective. He rated his pain at a 3/10 and had been taking Norco and Naproxen. On physical examination of the left knee, the physician reported there was full range of motion with pain and tenderness to palpation over the lateral and medial joint lines. The physician reported that the Hoffman's sign was negative, compartments soft and nontender, positive McMurray's test, negative Lachman, and stable versus and valgus stress. The distal sensation was intact to light touch. Within the most recent clinical note dated 05/09/2014, on examination of the left knee, the physician reported the flexion was 135 degrees and extension 0 degrees. The physician reported that he reviewed an MRI of the knee and reported it was essential normal with a very small amount of chondral drainage noted in the lateral tibial plateau. The physician's diagnostic impression was a sprain/strain of the left knee. The physician reported there was no significant mechanical issue that needs to have surgical intervention at this time. The physician encouraged the patient to continue anti-inflammatory medications, home exercises, and to lose weight. The physician recommendation was for him to return back to work. The current request is for injection Orthovisc injection series of three for the left knee. The rationale for the request was not provided. The Request for Authorization form was not provided in the medical records.

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, LEFT KNEE.: 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-TWC), Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections.

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

Decision rationale: The current request for Orthovisc injection series of three left knee, left knee is not medically necessary. The Official Disability Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments (including exercise, NSAIDs or acetaminophen) and potentially delay total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. The criteria for the hyaluronic acid injections include symptomatic arthritis that has not responded to conservative treatment; documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, and failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation provided indicated the injured worker had continued to have pain in his left knee and was unresponsive to cortisone injections. However, there was no documentation of osteoarthritis and the guidelines do not support the use of injections for patellofemoral chondromalacia and chronic knee pain. As such, the request for Orthovisc injection series of three for the left knee is not medically necessary.