

Case Number:	CM14-0028917		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2012
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

The injured worker is a 48-year-old male who reported an injury on 01/30/2012. The mechanism of injury was not provided for clinical review. The diagnoses included status post left arthroscopic medial meniscectomy, left knee DJD, left knee chondromalacia patella, plantar fasciitis of the right ankle, Achilles tendinitis, anterior talofibular ligament sprain, right knee chondromalacia, and right elbow UCL strain. Previous treatments included 24 sessions of physical therapy, knee brace, surgery, and medication. Within the clinical note dated 12/30/2013, reported the injured worker complained of bilateral knee, right elbow and right ankle pain. He rated his pain 5/10 to 6/10 in severity. Upon therapy epicondyle examination of the left knee, the provider noted mild tenderness to palpation. Range of motion was 0 to 125 degrees with mild swelling. Indicated there was mild crepitus with motion. The provider requested a series of Orthovisc injections for the left knee. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PROCEDURE: LEFT KNEE SERIES OF ORTHOVIC INJECTIONS 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 - online version - Knee - Viscosupplementation.

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 injured worker complained of bilateral knee, right elbow and right ankle pain. He rated his pain 5/10 to 6/10 in severity. Official Disability Guidelines recommend hyaluronic acid injections also known as Orthovisc injections as a possible option for severe arthritis for patients who have not responded adequately to recommended conservative treatment, exercise and NSAIDS or acetaminophen, to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacological and pharmacological treatments or are intolerant to these therapies including gastrointestinal problems related to anti-inflammatory medication after at least 3 months. Documented symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth or synovoid or over the age of 50. The guidelines note if pain interferes with functional activities, ambulation and prolonged sitting, prolonged standing and not attributed to any other forms of joint disease. Failure to adequately respond to aspiration and injections of intraocular steroid high. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis, patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome or for the use of joints other than the knee because of effectiveness of the hyaluronic acid injections for these indications has not been established. There is lack of documentation indicating the injured worker has signs or symptoms or treated for osteoarthritis. The clinical documentation submitted indicated the injured worker has a diagnosis of chondromalacia patella, guidelines do not recommend injections for those diagnosis. There is a lack of documentation indicating the injured worker is treated for bony enlargement, or bony tenderness. There is lack of significant objective findings of crepitus on active motion, or less than 30 minutes of morning stiffness. There is lack of significant objective findings of a lack of palpable warmth or synovoid. Guidelines recommend the injections for injured workers over the age of 50. Therefore, the request for outpatient procedure left knee series of Orthovisc injections times 3 is not medically necessary.