

Case Number:	CM14-0034483		
Date Assigned:	06/20/2014	Date of Injury:	01/31/2007
Decision Date:	10/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 Arizona. 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 65 year old male with a date of injury on 1/31/2007. Subjective complaints are of sharp right knee pain. Subjective findings show patient has had prior viscosupplementation in the past and had relief for 6-9 months. Physical exam shows reduced range of motion with crepitus throughout the knee, and lateral and medial joint line tenderness with minimal effusion. Right knee MRI from 4/6/2010 showed chronic anterior cruciate ligament tear, diminutive lateral and medial meniscus, and extensive degenerative changes of the lateral meniscus. Patient subsequently received 4 Orthovisc injections in May and June of 2013. Request is for repeat Orthovisc injections. Patient cannot take NSAIDS due to GI upset, and concerns of chronic NSAIDS due to patient's diabetes and renal function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection 1x4 for right knee: Overturned

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

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: CA MTUS does not offer recommendations for hyaluronic acid injections. In the ODG it is recommended as an option for osteoarthritis. 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). Patients who are not candidates for total knee replacement, or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement, and younger patients wanting to delay total knee replacement. This patient has documented articular cartilage loss in knee, and evidence for significant symptomatic osteoarthritis. Furthermore, the patient cannot take NSAIDS and has documented pain reduction and functional improvement with prior injections. Therefore, the medical necessity of Orthovisc injections is established. Therefore, the request is medically necessary.