

Case Number:	CM14-0035040		
Date Assigned:	06/23/2014	Date of Injury:	07/18/2011
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Internal 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:

Patient is an injured worker with a left knee condition. Date of injury was 07-18-2011. Progress note 12-18-2013 by [REDACTED] documented an office visit for follow-up postop knee. We reviewed the operative findings. I advised her that her primary problem is arthritis in the joint with narrowing of the joint space and loss of articular cartilage. She is not down to bone-on-bone. She had only a small re-tear of the medial meniscus. Physical examination: on exam, she is using her cane, and she is still limping. Impression: Left knee degenerative arthritis, postop, partial meniscectomy x2. Discussion and plan: She will need to use a medial wedge orthotic, limit her impact athletics, go to physical therapy, lose substantial weight, and consider a series of Orthovisc injections although she has already tried this and it did not seem to help much. Utilization review dated 03-10-2014 recommended non-certification of the request for Orthovisc injections left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection 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 - KNEE CHAPTER, HYALURONIC SECTION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Orthovisc (Hyaluronan).

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Orthovisc (Hyaluronan). Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) presents criteria for Orthovisc (hyaluronan) hyaluronic acid injections for severe osteoarthritis. Medical records does not document significantly symptomatic osteoarthritis. ACR criteria for severe osteoarthritis were not met. There was no documentation of: Bony enlargement; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Medical records do not document patient's response to conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or intolerance to these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Medical records do not document failure to adequately respond to aspiration and injection of intra-articular steroids. Medical records do not contain x-ray or MRI reports documenting severe osteoarthritis. Regarding Orthovisc injections, progress note 12-18-2013 documented that the patient has already tried Orthovisc injections and it did not seem to help much. ODG guidelines and medical records do not support the medical necessity of Orthovisc injection of the knee. Therefore, the request for Orthovisc injection left knee is not medically necessary.