

Case Number:	CM14-0038298		
Date Assigned:	06/25/2014	Date of Injury:	09/22/2012
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 46-year-old male sheriff who was kicked in the anterior left knee by a suspect in September of 2012. He did not benefit from steroids. An MRI revealed a medial meniscus tear and in September 2013 he underwent an arthroscopic partial medial meniscectomy and lateral release. His postoperative diagnosis included the meniscal tear and left knee patellofemoral malalignment with chondromalacia. He is currently undergoing physical therapy, uses a knee brace and does experience swelling with increased usage of the knee. He takes Norco 5/325 three times a day. He is not taking anti-inflammatories due to bleeding complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections to the Left Knee, quantity 4: 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) Knee Chapter, 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) Integrated Treatment/Disability Duration Guidelines, Knee, Hyaluronic Acid Injections.

Decision rationale: While osteoarthritis of the knee is a recommended indication for Orthovisc, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). After meniscectomy, no benefit of hyaluronic acid was found after the first 6 weeks and thus cannot be recommended. Patients who have failed previous knee surgery such as an arthroscopic debridement are not likely to benefit from hyaluronic acid injection. Therefore, the request for Orthovisc injections to the left knee, quantity 4 is not medically necessary and appropriate.