MAXIMUS Federal Services

Case Number:	CM14-0048776		
Date Assigned:	06/25/2014	Date of Injury:	07/05/2011
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 Interventional Spine 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:

This patient is a 33-year-old female with a date of injury of 07/05/2011. According to progress report 02/19/2014 by [redacted], the patient presents with complaints of pain in the bilateral knees. Examination of the right knee revealed tenderness at the medial joint line, medial femoral chondral patellar tendon, lateral femur condyle and lateral joint line. Examination of the left knee revealed positive 3 well-healed surgical incisions with tenderness upon palpation. Range of motion was 0 degrees at extension and flexion was 130 degrees. There was positive patellar crepitation and Lachman's test +2. Treating physician states the patient has chondromalacia in her left knee. The treating physician states there is no evidence of severe degeneration and treatment recommendation is for a course of hyaluronic acid injection to reduce pain and inflammation. The treating physician requested authorization for 3 vials of Orthovisc for the left knee injection.

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 cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic knee complaints and status post multiple surgeries. The treater is requesting 3 vials of Orthovisc for the left knee injections to reduce pain and inflammation. ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG recommends Hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. In this case, the patient is status post multiple arthroscopic meniscectomy but does not present with severe osteoarthritis. There are no X-rays or MRIs showing evidence of severe arthritis. The patient is 33 years old and unlikely suffers from any significant arthritis of the knee that would benefit from viscosupplement injections. The request is not medically necessary.