

Case Number:	CM14-0051061		
Date Assigned:	07/07/2014	Date of Injury:	02/27/2012
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/18/2014

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 Orthopedic Surgeon, and is licensed to practice in Texas and Colorado. 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 42-year-old male with a reported date of injury on 02/27/2012. The mechanism of injury was noted to be a trip and fall. His diagnoses were noted to include medial meniscal tear, lateral patellar subluxation, chondral thinning of the lateral patellar facet, and mild proximal patellar tendinosis. His previous treatments were noted to include surgery and medications. An official MRI report dated 06/03/2013 revealed a horizontal oblique tear of the medial meniscal posterior horn and body violating the inferior articular surface, mild lateral patellar subluxation, chondral thinning and heterogeneity of the patellar lateral facet, and mild proximal patellar tendinosis. The MRI also revealed there was no joint effusion noted. The progress report dated 03/20/2014 reported the injured worker complained of knee discomfort and pain that had been somewhat progressive and persistent. There were no new neurological complaints and pain was mainly activity related. The physical examination of the left knee reported varus and valgus in addition to ligament examination to both anterior/posterior and are within the normal limits. There was no angulation of the lower extremity; however, there was joint line tenderness noted both medially and laterally with crepitation as well as positive patellofemoral crepitation. There was mild atrophy in musculature, mild effusion, and mild restriction in range of motion noted. The provider diagnosed the injured worker with left knee osteoarthritis. The progress note dated 06/27/2014 reported the injured worker complained of predominantly right anterolateral, mid, and posterolateral ankle pain and left medial knee pain that came and went throughout the day. The injured worker reported clicking and popping of the left knee and right ankle and increased pain with activity. The physical examination revealed no visible muscular atrophy of the muscles of either lower extremity. The examination revealed the injured worker's gait was normal and reciprocating. The right and left knee motion was noted to be 0 to 115 degrees. The deep tendon reflexes of the knee and ankle were 2+ equal bilaterally

and the sensation in all major sensory dermatomes of both lower extremities was equal bilaterally, and muscle strength testing was rated 5/5. The request for authorization form dated 04/07/2014 for ultrasound guided Orthovisc injections due to left knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided orthovisc injections QTY: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-TWC Knee and Leg Procedure Summary last updated 1/20/14.

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, Hyaluronic acid injections.

Decision rationale: The request for Ultrasound guided orthovisc injections QTY: 3 is non-certified. The injured worker has noted left knee medial parapatellar and medial joint line tenderness to palpation. The Official Disability Guidelines recommend hyaluronic acid injections 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. The Guidelines also state while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. The Guideline criteria for hyaluronic acid injections are documented symptomatic severe osteoarthritis of the knee including bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth over synovium, and over 50 years of age. The Guideline criteria also include pain that interferes with functional activities and not attributed to other forms of joint disease, and failure to adequately respond to aspiration and injection of intra-articular steroids. The injured worker complains of pain in the left knee with positive clinical findings; however, the submitted diagnosis imaging study does not confirm osteoarthritis to the left knee. There is a lack of documentation regarding failure of conservative treatment including aspiration and intra-articular steroid injections. Due to the lack of documentation regarding osteoarthritis corroborated by imaging studies and lack of documentation regarding failure of conservative treatment, the ultrasound guided Orthovisc injections are not warranted at this time. Therefore, the request for Ultrasound guided orthovisc injections QTY: 3 is non-certified.