

Case Number:	CM14-0052284		
Date Assigned:	07/07/2014	Date of Injury:	09/27/2011
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

The 36 year old female reported and industrial injury on 9/27/2011 to the right shoulder, low back and left knee. The patient was documented to be status post arthroscopy of the right shoulder with superior labral anteroposterior repair, posteroinferior capsulolabral repair, rotator cuff repair, and arthroscopic subacromial decompression. The patient was noted to be receiving physical therapy directed to the lower back; left knee; and right shoulder postoperatively. The patient reported left knee pain improvement since initiating physical therapy. Patient reported episodes of the left knee giving away with instability. The objective findings on examination included weight 255 pounds; moderate tenderness to the MCL; positive McMurray sign; patellofemoral crepitus. The diagnoses were shoulder joint pain; instability shoulder; sprain rotator cuff; bicipital tendinitis; muscle weakness; and shoulder AC joint arthritis. Patient is noted to be status post arthroscopy right shoulder. The left knee was assessed as having a partial medial meniscus tear and OA of the patella. The patient was diagnosed with lumbar spine DDD with possible radicular symptoms along with a high BMI. The treatment plan included continuation of physical therapy; MRI left knee do evaluate for a meniscus tear; and Orthovisc injections x3 directed to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection times three (3) 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 (ODG)- Treatment & Workman's Compensation (TWC) Integrated Treatment/Disability Duration Guidelines. Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter Hyaluronic acid injections.

Decision rationale: The treating physician provided no objective findings to the left knee to support medical necessity of a repeated series of Orthovisc injections x3 to this 36-year-old patient with the underlying diagnosis of morbid obesity. There was no current clinical documentation with a rationale supported with objective evidence to support the medical necessity of Orthovisc injections directed to the left knee for a suspected medical meniscus tear with some improvement with PT. There is no contemplation of a TKA. The specific grade of osteoarthritis of the left knee is not noted. There is no indication that the patient is attempting to delay a TKA. There is no documented failure of NSAIDs; corticosteroid injections or glucosamine. There is no demonstrated medical necessity for the use of Orthovisc injections for the treatment of chondromalacia of the knee based on the recommendations of the California MTUS. The patient is noted to have patellofemoral complaints consistent with OA; however evidence based guidelines do not recommend treatment with Orthovisc injections. The provider did document objective evidence to support the medical necessity of viscosupplementation for the treatment of the left knee in relation to the effects of the industrial injury. The patient has been assessed with a Grade of OA of the left knee. There is no x-ray evidence of medial compartment collapse. There has been no documented failure of NSAIDs or corticosteroid injections. The request for authorization of the repeated Orthovisc injections is not supported with objective evidence not demonstrated to be medically necessary for the treatment of probable early degenerative joint disease as recommended by the CA MTUS and the Official Disability Guidelines. The patient is diagnosed with a knee chondromalacia however it is not clear by the provided clinical notes what conservative treatment has been attempted by the patient in relation to the left knee prior to the request for viscosupplementation. It is not clear that the patient has participated in a self-directed home exercise program for conditioning and strengthening in relation to the knee. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. The Official Disability Guidelines recommend viscosupplementation as 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); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. There is no demonstrated medical necessity for the Orthovisc injections for this 36 year old patient.