MAXIMUS Federal Services

Case Number:	CM14-0055392		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2006
Decision Date:	08/07/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Surgery 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 62-year-old male retired correctional officer sustained an industrial injury on 5/1/06. The mechanism of injury was not documented. The patient underwent left knee arthroscopic partial medial meniscectomy and medial femoral condyle chondroplasty on 2/14/14. Operative findings noted advanced degenerative arthritis of the medial joint surface of the left knee with a complex tear of the medial meniscus. The 3/13/14 treating physician note indicated the patient was doing well post surgery. He had no evidence of knee effusion. He was using one crutch. He had degenerative joint disease of the knee and may be a candidate for synovial joint fluid injections pending the level of symptoms as he increased his activity level. An exercise program with swimming and bicycling was recommended. The 3/25/14 chart note indicated the patient still had a slight limp and the medial side of the knee was quite tender. The treatment plan recommended Orthovisc injections in 6 weeks. The 4/11/14 utilization review denied the request for Orthovisc injections as there was no current documentation of the overall extent of degenerative disease and failure of other treatment, such as anti-inflammatories or steroid injections. The 5/2/14 treating physician note stated the patient had degenerative joint disease of the medial femoral condyle of the knee. He had improved since surgery but still had pain over the medial joint surface consistent with grade III-IV chondromalacia noted at the time of surgery. Synovial joint fluid injections were recommended to alleviate his symptoms, the other alternative was a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee ortho visc injections x 3: Overturned

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 and Leg, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. This patient completed a pre-operative course of conservative treatment and underwent surgical treatment on 2/14/14. There is continued pain over the medial knee consistent with operative findings of advanced degenerative arthritis. There is residual pain and functional limitation. Therefore, this request for left knee Orthovisc injections x 3 is medically necessary.