

<b>Case Number:</b>	CM14-0063897		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Occupational 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:

This is a 48-year-old male with a 10/28/10 date of injury, when he injured his left knee while stepping of the fire engine. He underwent left knee arthroscopy with partial meniscectomy on 12/08/10. An MRI of the left knee dated 01/13/12 demonstrated postoperative changes of the medial meniscus, possible recurrent meniscal tear, grade 2-3 chondromalacia of the femoral trochlea and grade 2-3 chondromalacia of the medial femoral condyle. An MRI of the left knee dated 5/27/14 demonstrated a tear of the posterior horn of the medial meniscus, intrasubstance degeneration of the lateral meniscus, normal lateral compartment and ligaments and subchondral defect of the medial femoral condyle and mild subchondral edema. The appeal letter dated 5/6/14 stated that despite the conservative treatment and pharmacologic therapy the patient had throbbing pain, swelling and decreased range of motion in the left knee. The patient's left knee plain films showed bone on bone and narrowing spacing. The physician stated that if the patient will not get Orthovisc injections he would have to have a total knee replacement in the near future. The patient was seen on 6/5/14 with complaints of unchanged constant left knee pain. The physical examination was not performed. The progress note stated that the patient would need left knee surgery. The patient was seen on 7/2/14 with complaints of pain inside the left knee, underneath the left patella and posterior aspect of the left knee. The patient stated that he also had clicking, popping and locking in the left knee and that his symptoms were aggravated with physical activity. Exam findings of the left knee revealed patellofemoral and medial joint line tenderness with positive medial McMurray's test. The anterior drawer, posterior drawer, prior shift, Lachman, external rotation, varus and valgus tests were normal. The diagnosis is status post left arthroscopy with partial meniscectomy, left knee pain and left knee osteoarthritis. Treatment to date: left knee arthroscopy with partial meniscectomy (12/08/10), physical therapy and medications. An adverse determination was received on 05/01/14. The request for left knee

MRI was denied, because it was unclear if the patient was pre-operative or post-operative and it was a lack of clear indication provided for a repeated MRI. The request for Orthovisc injections to the left knee was denied because the patient did not meet the criteria for the injections, the criteria were not specified in the determination letter.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left knee MRI #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-346, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

**Decision rationale:** CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. The progress notes indicated that the patient had performed left knee MRIs on 1/13/12 and 5/27/14. However it is not clear, why the patient needs another MRI of the left knee. Therefore, the request for Left knee MRI #1 is not medically necessary.

#### **Left knee Orthovisc injections left knee #3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-346, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guideline.

**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 Chapter-Viscosupplementation).

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain X-ray or arthroscopy findings diagnostic of osteoarthritis. The patient underwent left knee arthroscopy with partial meniscectomy on 12/8/10. The appeal letter from the requesting physician dated 5/6/14 indicated that the patient failed conservative treatment, and should he not get Orthovisc

injections he would need knee surgery in the near future. In addition, the patient's plain films of the left knee showed bone on bone and narrowing spacing and the left knee MRI dated 5/27/14 showed intrasubstance degeneration of the lateral meniscus. The patient is in a lot of pain, has failed conservative treatment, has indications of severe osteoarthritis on imaging, and the Orthovisc injections are being requested to help stave off surgery. MTUS criteria have thus been met. Therefore, the request for Left knee Orthovisc Injections left knee #3 is medically necessary.