

Case Number:	CM14-0066879		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2011
Decision Date:	09/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Rehabilitation 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 injured worker is a 53 year old female who was reportedly injured on 09/12/2011. The mechanism of injury is a trip and fall over a construction line and falling on the right side. A progress report dated 01/22/2014, documented the injured worker was seen for re-evaluation of the right knee postoperatively from a right knee diagnostic operative arthroscopy (01/10/2014) with evidence of grade 2-3 chondromalacia of the lateral 50% of the patellar facet. Right knee examination confirms well healed arthroscopic portals. No erythema, drainage or signs of infection noted. Grade 3 patellofemoral chondromalacia of the right knee, status post right knee diagnostic and operative arthroscopy with chondroplasty and debridement. Pain ranges between 5-10/10 in right knee and low back. Progress report dated 04/02/2014 noted the injured worker progressing well overall and doing physical therapy with complaints of intermittent swelling in the bilateral legs as well as continued stiffness, achiness and discomfort with prolonged knee flexion activities. On examination there was 1+ effusion noted with normal range of motion and audible patellofemoral crepitation and grind with tenderness in the arthroscopic portals. A request was made for Orthovisc injections 3ml into the right knee and was non-certified on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections 3 ml. into the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG)- Procedure Summary- Knee.

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 Injections Other Medical Treatment Guideline or Medical Evidence: American College of Rheumatology (ACR).

Decision rationale: Per guidelines, Hyaluronic acid injections are recommended in patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); - Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; - Failure to adequately respond to aspiration and injection of intra-articular steroids; - Generally performed without fluoroscopic or ultrasound guidance; - Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. - Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain). In this case, medical records do not establish the medical necessity per guidelines.