

Case Number:	CM14-0077523		
Date Assigned:	07/18/2014	Date of Injury:	04/01/2009
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 underlying date of injury in this case is 04/01/2009. This patient's treating diagnoses include a knee sprain/strain and medial/lateral meniscus derangement. The patient has undergone multiple arthroscopic surgeries. An initial physician review reviewed a requested combined for Orthovisc injections to both knees. That reviewer noted that the medical records documented bilateral knee pain with a history of operative findings for significant degenerative joint disease in the medial compartment of the right knee but no documentation of significant osteoarthritis in the left knee based on x-ray studies or MRI imaging or operative visualization. That reviewer also noted that it was unclear whether past steroid injections had been to the right knee or to both knees. Therefore, that prior reviewer recommended non-certification of a request for Synvisc to both knees. On 04/21/2014, the patient's treating orthopedic surgeon saw the patient in followup and noted the patient had continued right knee pain with walking, standing, or climbing. The patient isolated her pain around the kneecap, right greater than left, and the patient walked with a slight altered gait favoring the right lower extremity with a single-point cane. The patient had a trace effusion of the left knee and had tenderness to palpation at the patellofemoral area bilaterally. The treating orthopedist reported that a prior operative report demonstrated grade II chondromalacia in the patellofemoral compartment and grade II-III chondromalacia in the medial compartment. The treating physician did not clearly state if these findings were on the right or the left, and the treating physician noted the patient had well-documented degenerative joint disease and therefore requested bilateral knee Orthovisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection 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 Knee and Leg: Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic Acid Injections.

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss indications for Orthovisc injections. The Official Disability Guidelines/Treatment in Workers Compensation/Knee does discuss this under the section on hyaluronic acid injections. This guideline recommends the use of such injections in cases of refractory osteoarthritis of the knee when initial conservative treatment has failed and there is a desire to delay or defer further surgery such as total knee replacement. The medical records in this case do document such a history for the right knee but did not clearly document such a history of osteoarthritis in the left knee. Therefore the treatment guidelines have not been met. This request is not medically necessary.

Orthovisc injection right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg: Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic Acid Injections.

Decision rationale: The California Medical Treatment Utilization does not directly discuss this topic. The Official Disability Guidelines/Treatment in Workers Compensation/Knee discusses hyaluronic acid injections and do recommend Orthovisc injections for patients with refractory osteoarthritis not responsive to initial conservative treatment when there is a desire to delay or defer further surgical treatment. The medical records do clearly document such a situation. The request for Orthovisc injection to the right knee is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on drug testing, page 43, state that this is recommended as an option in order to assess for the presence or use of illegal drugs. The medical records at this time are unclear regarding what opioid medications or other drugs with potential abuse have been prescribed or suspected of use. Overall, the medical records contain very limited information regarding the patient's risk factors for aberrant behavior and the rationale for requesting urine drug screening. For these reasons, the medical records do not support the requested urine drug screening at this time. This request is not medically necessary.