

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0092622 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/10/2011 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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:

This injured worker is a 37-year-old male who reported an industrial injury on 12/10/2011, almost four (4) years ago, attributed to the performance of his job tasks. The treating diagnoses included cervical strain, lumbosacral strain, lumbosacral radiculopathy, chondromalacia both knees, and left shoulder rotator cuff tear. The Electrodiagnostic studies dated 5/31/2012, documented a L5-S1 radiculopathy. The MRI the lumbar spine demonstrated a L5-S1 disc herniation consistent with EMG findings. There was no knee examination documented. The objective findings on examination included lower extremity weakness in the tibialis anterior, extensor was longest, plantar flexion, and solos quadriceps with significant weakness in both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc Injections to the Left Knee / Drain / Injection Joint / Bursa: 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 Index, 12th Edition (web), 2014, Knee Chapter, Hyaluronic Acid Injections, Criteria for Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240;337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections.

Decision rationale: The provider did not document objective evidence to support the medical necessity of viscosupplementation for the treatment of the left knee in relation to the criteria recommended by the California MTUS. There is no Grade of OA documented or any objective findings on examination. There is no x-ray evidence of medial compartment collapse. The patient has ongoing bilateral knee pain; however, there has been no documented failure of NSAIDs or corticosteroid injections. The criteria recommended for the use of viscosupplementation by the California MTUS is not documented on the clinical narrative upon which Orthovisc injections were recommended in the treatment plan. The request for authorization of the 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 California MTUS and the Official Disability Guidelines. The patient is diagnosed with a knee osteoarthritis, however, it is not clear by the provided clinical notes what conservative treatment has been attempted by the patient in relation to the bilateral knee prior to the request for viscosupplementation. There is no objective evidence provided to support the medical necessity of viscosupplementation directed to patellofemoral syndrome or chondromalacia. The objective findings on examination are consistent with patellofemoral syndrome, which is not recommended to be treated with 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 knees. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. There is no demonstrated medical necessity for the Orthovisc injection to the left knee status post arthroscopy. 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. Therefore, based on the medical records provided for review and evidence based guidelines, the request for three Orthovisc injections to the left knee / drain / injection joint / bursa is not medically necessary and appropriate.