MAXIMUS Federal Services

Case Number:	CM14-0131219		
Date Assigned:	08/20/2014	Date of Injury:	02/06/2003
Decision Date:	03/06/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year-old male, who was injured on February 6, 2003, while performing regular work duties. The injury occurred as a result of a slip and fall. The injured worker sustained multiple injuries. The injured has received treatment with cortisone injections, medications, and a previous orthovisc injections series of the left knee in September of 2013. The records indicate the injured worker has had multiple right knee surgeries. Radiographic imaging shows osteoarthritis of the left knee. The request for authorization is for an orthovisc injection to both knees, quantity #3. The primary disagnoses are chondromalacia of the right knee and osteoarthritis of the left knee. On July 21, 2014, Utilization Review non-certified the request for an orthovisc injection to both knees, quantity #3, based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection left knee x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter: Hyaluronic Acid Injections

Decision rationale: According to the 05/13/2014 report, this patient presents with pain in the left and right knee. The current request is for Orthovisc injection left knee x3. Regarding Orthovisc (Hyaluronic) injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that have not responded to other treatments. ODG guidelines further state "Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence." In reviewing the medical reports provided, the Utilization Review denial letter states "The patient's left knee has already had an unsuccessful Orthovisc injection and he does not meet the criteria of significant improvement for six months or more, as the improvement was not significant and lasted only 3 months." The treating physician indicates that the patient had "completed Orthovisc injections in the left knee in September 2013 which provided 40-60%, however, the relief lasted for duration of three months." In this case, the patient's previous left Orthovisc injected does not provided (significant improvement in symptoms for 6 months or more) as required by ODG guidelines. The requested left Orthovisc injected IS NOT medically necessary.

Orthovisc injection right knee x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter: Hyaluronic Acid Injections

Decision rationale: According to the 05/13/2014 report, this patient presents with pain in the left and right knee. The current request is for Orthovisc injection right knee x3. Regarding Orthovisc (Hyaluronic injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that have not responded to other treatments. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)."In reviewing the medical reports provided, the Utilization Review denial letter states "The patient's right knee has a chondromalacia condition not amenable to viscosupplementation, and weight-bearing X-rays of the right knee have yet to be obtained." In this case, the patient presents with (right chondromalacia patella) for which Orthovisc injections are not indicated. There is no evidence of "severe osteoarthritis" either. Therefore, the requested right Orthovisc injections are not supported by ODG guidelines and IS NOT medically necessary.