

Case Number:	CM14-0186373		
Date Assigned:	11/14/2014	Date of Injury:	03/26/2012
Decision Date:	03/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 46 year old female with a date of injury of March 26, 2012. Results of the injury include the left ankle and right knee. Diagnosis included Left ankle synovitis, left anterior distal tibial spur, mild to moderate tibiotalar arthritis, status post Brostrom lateral ankle reconstruction, and hypersensitivity and paraesthesias, lateral left foot and ankle..The injured worker also sustained an industrial injury to her right knee on 3/16/2012. Per operative report of 8/22/2014 she was found to have a tear of the medial meniscus and chondromalacia of patella and trochlear groove. The articular surfaces exhibited grade 2 changes and some diffuse grade 3 changes across the tibial plateau. A partial medial meniscectomy was performed and debridement/chondroplasty of the patella and trochlear groove and medial femoral condyle. X-ray obtained revealed progressive loss of medial tibiofemoral joint space with marginal osteophytes present and sclerosis. There was also significant patellofemoral wear, particularly on the lateral facet. A request for orthovisc injection was noncertified by utilization review as there was no evidence of severe osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Right knee orthovisc injection (20610 Arthrocentesis, aspiration and/or injection; major joint or 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, Knee and Leg, (updated 10/07/14) Hyaluronic Acid Injections

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

Decision rationale: The ODG criteria for hyaluronic acid injections include significantly symptomatic osteoarthritis with no response to exercise and pharmacologic treatments after at least 3 months, documented symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, age over 50, failure to adequately respond to steroid injections, and patients who are not currently candidates for total knee replacement who have failed previous knee surgery for the arthritis. There is insufficient evidence for its efficacy in patellofemoral arthritis, chondromalacia patellae, and patellofemoral syndrome. Furthermore there is no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery. Patients should not have failed previous knee surgery for the arthritis such as arthroscopic debridement. The documentation indicates failure of arthroscopic debridement, no trial/failure of corticosteroid injections, age under 50, and no documentation of severe osteoarthritis. As such, the guideline criteria have not been met and the request for orthovisc injections is not supported and the medical necessity is not substantiated.