

Case Number:	CM14-0187166		
Date Assigned:	11/17/2014	Date of Injury:	12/16/1996
Decision Date:	01/05/2015	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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 12/16/96 date of injury, and status post left knee arthroscopy, debridement, synovectomy, and meniscectomy 11/7/12. At the time (10/27/14) of request for authorization for Orthovisc Injection X 3 Left Knee, there is documentation of subjective (increasing knee pain and swelling; moderate left knee pain with swelling, catching, locking and giving way) and objective (decreased left knee range of motion and crepitus) findings, imaging findings (report left knee radiographs (7/14/14) revealed some degree of degenerative changes, mild to moderate degenerative joint disease with the remaining cartilage intervals of 2-3 mm in the medial compartment and 3 mm of the lateral compartment), current diagnoses (left knee tear lateral meniscus, loose bodies), and treatment to date (left knee cortisone injection, physical therapy, joint aspiration, and series of viscosupplementation). There is no documentation of pain relief for 6-9 months after of prior series of viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection times 3 for the 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 (updated 10/07/2014) 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: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. In addition, ODG identifies documentation of pain relief for 6-9 months and recurrence of symptoms as criteria necessary to support the medical necessity of repeat Hyalgan Injections. Within the medical information available for review, there is documentation of diagnoses of left knee tear lateral meniscus, loose bodies. In addition, there is documentation of prior series of viscosupplementation and recurrence of symptoms. However, there is no documentation of pain relief for 6-9 months after of prior series of viscosupplementation. Therefore, based on guidelines and a review of the evidence, the request for Orthovisc Injection times 3 for the left knee is not medically necessary.