

Case Number:	CM14-0190284		
Date Assigned:	11/21/2014	Date of Injury:	04/25/2000
Decision Date:	03/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 was a 48 year old male, who was injured on the job April 25, 2000. According to the progress note of July 16, 2013, the injured worker's chief complaint was right knee pain. The injured worker reported 4-5 months of relief of discomfort in the right knee after the viscosupplementation previously. However recently there has been a return of the pain and discomfort. The pain in the past has been unilateral and progressive in nature. The physical exam noted patellafemoral crepitation, joint line tenderness both medially and laterally with crepitation. The injured worker had restricted range of motion. Suggestion was cortisone injection for the right knee. October 2, 2013 the 3rd orthovisc injection was given to the right knee. On March 4, 2014, x-rays of the right knee were taken, which showed right knee medial osteoarthritis. The recommendation was for another series of 3 hyaluronic acid injections. On April 11 2014, progress note, the injured worker tolerated the first orthovisc injection and was getting the second orthovisc injection. The injured worker was suffer from significant pain and discomfort in the right knee due to osteoarthritic issues. According to the progress note of September 18, 2014, the injured worker was recommended to have a 3rd series of 3 orthovisc injections, one week apart. The documentation submitted for review did not include right knee rated pain with or with treatment or pain medication, the injured workers medication list, diagnostic studies or other conservative treatment used in the past for pain relief. On October 16, 2014, the UR denied authorization for 3 ultrasound guided Orthovisc injections for the right knee as an outpatient. The denial was based on the ACOEM guidelines for recommendation for knee disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 series of three ultrasound guided Orthovisc injections for the right knee, as an outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): <https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations, Knee Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthovisc, DePuy Mitek Inc. <http://www.orthovisc.com/orthovisc>. Accessed on 03/03/2015. Roberts Jr WN, et al. Intraarticular and soft tissue injections: What agent(s) to inject and how frequently. Topic 7985, version 12.0. UpToDate, accessed on 03/03/2015. Kalunian KC, et al. Treatment of osteoarthritis resistant to initial pharmacologic therapy. Topic 16698, version 12.0. UpToDate, accessed on 03/03/2015.

Decision rationale: Orthovisc (high molecular weight hyaluronan) is a medication in the hyaluronic acid derivative class that can be injected into joints. The MTUS Guidelines are silent on this issue. The literature supports its use in the treatment of osteoarthritis in the knee when symptoms have not improved despite treatment with acetaminophen with non-steroidal anti-inflammatory drugs and with glucocorticoids injected into the knee or these treatments were not tolerated. The goal of therapy is improved pain intensity and/or function. This medication is FDA-approved for weekly injections for three to four weeks. There is limited literature describing the safety, efficacy, and ideal frequency of treating with repeated series of injections. The submitted and reviewed documentation indicated the worker was experiencing right knee pain with activities and concluded the worker was suffering from osteoarthritis. These records report the worker had some benefit from two series of injections done approximately six and eleven months before this request. The assessments provided only the most minimal details about the benefits prior series of injections and did not suggest the worker had stopped responding to more conservative management. In the absence of such evidence, the current request for three ultrasound-guided injections of Orthovisc into the right knee is not medically necessary.