

Case Number:	CM14-0209263		
Date Assigned:	12/22/2014	Date of Injury:	03/15/2014
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty Preventive Medicine and is licensed to practice in Arizona and Michigan. 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:

The injured worker is a 58 year old female who got injured on 3/15/2014. The injured worker was in the course of her usual duties helping a colleague move a patient up higher on her bed using good body mechanics when she injured her left knee, apparently the patient was very heavy and they had to do this twice. She has a diagnosis of patella-femoral osteoarthritis. MRI of the left knee dated 10/24/2014 demonstrated patella-femoral osteoarthritis and mild chondromalacia of the patella. On her office visit on 11/24/2014, it was reported that patient complained of aching pain in the left knee rated as a 5/10, when she goes down the stairs she feels like her knee is going to give way. Her physical exam revealed antalgic gait favoring the left knee, there is tenderness to palpation on the medial joint line, limited range of motion, Mc Murrays was positive medially with pain and patella grind test was positive. The treatment plan included orthovisc as a better option than cortisone to avoid additional degeneration. The injured worker has been treated conservatively with medications, hinge brace, and physical therapy which has not provided any lasting relief. The request is for Orthovisc Injections X 3 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections x 3 for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: The MTUS did not specifically address hyaluronic acid injections and therefore the ODG was consulted. Per the Official Disability Guidelines (ODG) hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen), to potentially delay total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patella-femoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. A series of three to four injections of Orthovisc (hyaluronan) are recommended as an option for osteoarthritis. Repeat series of injections: This systematic review on the efficacy and safety of repeat courses of hyaluronan therapy in patients with OA of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. Considering the cost of TKA and risk of complications, it may make sense to repeat a series of injections. While it is hard to predict which patients will respond based upon imaging or clinical indicators, those who got relief and then had recurrence more than six months later are likely to do well again. Based on this guideline and the injured workers clinical picture, a request for Orthovisc Injections x 3 for the left knee is medically necessary.