

Case Number:	CM14-0068361		
Date Assigned:	07/14/2014	Date of Injury:	01/22/2014
Decision Date:	01/29/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/13/2014

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 Internal Medicine, 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:

The patient is an injured worker with a history of right knee injury on January 22, 2014. The primary treating physician's progress report dated March 6, 2014 documented a right lower extremity injury on January 22, 2014. A piece of metal came loose, while being pulled by a tractor and hit his right thigh and hyperextended his right knee. X-rays were negative for fracture. The patient complains of moderate to severe pain in the right knee and thigh. Medications included Omeprazole, Ibuprofen, and Tizanidine. Physical examination was documented. Palpation reveals tenderness in the proximal and distal medial quadriceps. There is no effusion. Range of motion examination of the knee is full extension to 135 degrees flexion. Knee stability tests were negative. Patella was stable. McMurray testing is positive medially and not laterally. Quadriceps strength was 4+/5. The contralateral knee has full motion, no instability and normal strength, and normal inspection. X-rays of the right knee revealed no bone or joint abnormalities. The patient has signs and symptoms consistent with right thigh contusion and possible medial meniscus tear after hyperextension of the knee. Treatment plan included Voltaren, Tramadol, and physical therapy. MRI magnetic resonance imaging of the right knee performed March 11, 2014 documented that medial and lateral menisci are intact. Borderline discoid variant lateral meniscus. Anterior and posterior cruciate ligaments are intact. Mild tendinosis with thickening of the quadriceps tendon. Extensor compartment is otherwise unremarkable. Medial collateral ligament is intact. Lateral collateral ligament complex is intact. No osseous or chondral abnormality is identified within the medial or lateral compartments of the knee. No significant effusion was noted. Subcortical and subchondral T2 hyperintensity the lateral patellar facet, suggesting osteopenia as well as possible lateral patellar facet subchondral contusion. The primary treating physician's progress report dated March 27, 2014 documented MRI magnetic

resonance imaging of the right knee demonstrated lateral facet edema. Orthovisc (Hyaluronan) injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTION; 1 INJECTION/WK X 3WEEKS RIGHT 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 (ODG) Knee & Leg (updated 3/31/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM 3rd Edition Bibliographic Source: Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503. Table 2. Summary of Recommendations for Managing Knee Disorders. <http://www.guideline.gov/content.aspx?id=36632> Official Disabi

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. Official Disability Guidelines (ODG) states that Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, because the effectiveness of hyaluronic acid injections for these indications has not been established. Medical records document a hyperextension injury of the right knee on January 22, 2014. X-rays were negative for fracture. X-rays of the right knee revealed no bone or joint abnormalities. MRI magnetic resonance imaging of the right knee performed March 11, 2014 documented that medial and lateral menisci are intact. Anterior and posterior cruciate ligaments were intact. Medial collateral ligament is intact. Lateral collateral ligament complex was intact. No osseous or chondral abnormality was identified. Official Disability Guidelines (ODG) states that Hyaluronic acid injections are an option for severe osteoarthritis. Hyaluronic acid injections are not recommended for any other indications. Severe osteoarthritis is not documented in the medical records. Medical records do not provide support for Hyaluronic acid injections. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. The request for Orthovisc (Hyaluronan) is not supported by the ACOEM and ODG

guidelines. Therefore, the request for ORTHOVISC INJECTION; 1 INJECTION/WK X 3 WEEKS RIGHT KNEE is not medically necessary.