MAXIMUS Federal Services

Case Number:	CM15-0000545		
Date Assigned:	01/12/2015	Date of Injury:	11/21/2008
Decision Date:	03/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female, who sustained an industrial injury on 11/21/2008 when she tripped over a curb and landed on her right knee. He has reported subsequent knee pain and was diagnosed with derangement of anterior horn of the lateral meniscus, chondromalacia of the patella, right knee medial and lateral meniscal tears and osteoarthritis of the right knee. Treatment to date has included oral pain medication, steroid injections, Orthovisc injections, physical therapy and surgery. The IW had arthroscopic multicompartment synovectomy, partial medial meniscectomy and chondroplasty of the right knee performed on 08/26/2014. Currently the IW complains of some continued right knee pain with some tenderness, swelling and grinding. The physician noted that the orthopedist had recommended Orthovisc injections and these were requested once weekly for the right knee.On 12/24/2014, Utilization Review non-certified a request for once weekly Orthovisc injections, noting that there was no evidence of improvement of symptoms with previous Orthovisc injections that had been received. ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, once weekly, for the 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 Chapter, Hyaluronic Acid Injections Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic Acid Injections, pages 311-313

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive clinical findings or imaging of severe osteoarthritis for the injection request. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. The Orthovisc injections, once weekly, for the right knee is not medically necessary and appropriate.