

Case Number:	CM15-0003112		
Date Assigned:	01/14/2015	Date of Injury:	03/26/2006
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on March 26, 2006. She has reported left knee injury. The diagnoses have included chondromalacia patellae. Treatment to date has included multiple left knee injuries between 1985 and 2008, activity restrictions, bracing, ice applications, medications, physical therapy, and a home exercise program. The agreed medical evaluation dated August 28, 2014, indicates she has not been receiving treatment from a physician and has been treating herself with ice applications, a knee brace, and over the counter medications. The records indicate she has not received physical therapy since 2011. Currently, the IW complains of popping, clicking and swelling of the left knee. On December 15, 2014 Utilization Review non-certified one (1) platelet rich plasma injection for the left knee, and three (3) orthovisc injections for the left knee, based on ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of one (1) platelet rich plasma injection for the left knee, and three (3) orthovisc injections for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection for 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Platelet-rich plasma, Knee/Leg

Decision rationale: The request is considered not medically necessary. The use of platelet-rich plasma injections of the knee is still under study. It shows some promise in those with early osteoarthritis and those with refractory chronic tendinopathy. However, long-term benefits, risks, side effects need to be studied. There has to be basic science investigation with randomized control trials. The patient also has not failed conservative therapy. Until there is more evidence, the request is considered not medically necessary.

Orthovisc injections for the left knee x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (acute & chronic), hyaluronic acid injections.

Decision rationale: The request for orthovisc is not medically necessary. ODG guidelines were used as MTUS does not address this request. Orthovisc may be beneficial for severe osteoarthritis for patients who have not responded to conservative treatment. It is not a cure, but provides comfort and functional improvement to temporarily avoid knee replacement. The patient was on OTC anti-inflammatories but it was not clear if the patient could not tolerate it or it did not improve pain. She has not failed conservative therapy. There was not enough documentation to support the diagnosis of severe symptomatic osteoarthritis of the knee according to the guidelines. The patient also did not have an intra-articular steroid injection. Therefore, Orthovisc is not medically necessary at this time.