MAXIMUS Federal Services

Case Number:	CM15-0100584		
Date Assigned:	06/03/2015	Date of Injury:	08/07/2013
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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 42 year old female, who sustained an industrial injury on 08/07/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder impingement syndrome, status post left shoulder labral repair and decompression, left elbow cubital tunnel syndrome, and left knee patella chondromalacia. Treatment and diagnostic studies to date has included status post left shoulder arthroscopic labral repair, decompression, and left elbow pain, physical therapy, home exercise program, use of transcutaneous electrical nerve stimulation unit, cortisone injection to the left knee magnetic resonance imaging of the left knee, and medication regimen. In a progress note dated 05/05/2015 the treating physician reports complaints of left knee pain, left elbow pain that radiates to the hand, left shoulder weakness, and left hand grip weakness. Examination reveals a positive left elbow Tinel's test with tenderness to the medial aspect of the left elbow and radiating pain to the fourth and fifth digits. The left knee was revealing for mild synovitis with catching of the left knee with range of motion, tenderness to the medial joint line, positive patellar tilt and patellar compression, and a positive McMurray's test for medial joint line pain. The treating physician requested a series of three Orthovisc injections to the left knee noting that surgery is not clinically indicated at this time and that the injured worker has only had mild relief with prior cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc, Left Knee time 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Hyaluronic acid injections.

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

Decision rationale: Exam of right knee showed medial joint line tenderness, positive patellar tile and patellar compression along with positive McMurray's sign. 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 findings of severe osteoarthritis for the injection request. The Orthovisc, Left Knee time 3 is not medically necessary and appropriate.