MAXIMUS Federal Services

Case Number:	CM15-0106910		
Date Assigned:	06/04/2015	Date of Injury:	06/20/2014
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 36 year old male who sustained an industrial injury on 06/20/2014. Current diagnosis was not included. Previous treatments included medications, left knee arthroscopy on 08/21/2014, right knee arthroscopy on 01/13/2015, physical therapy, series of Orthovisc injections for the left knee, and cortisone injection. Previous diagnostic studies include a right and left knee MRI, right and left knee x-rays. Report dated 03/25/2015 noted that the injured worker presented with complaints that included left elbow, left knee, right knee, and low back pain. It was noted that the right knee is doing a little better, but still has some discomfort. Pain level was not included. Physical examination was positive for right knee retropatellor discomfort. The treatment plan included being evaluated by his private physician if constipation persists, unable to return an any meaningful work, authorization for physical therapy was received but he has not started it yet, and re-evaluation in 6 weeks. Disputed treatments include Orthovisc injection for the right knee (4 injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections (right knee) 1 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 02/27/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines comment on the use of hyaluronic acid injections for the knee. Hyaluronic acid is the active component in the requested drug; Orthovisc. An intra-articular injection of hyaluronic acid is 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 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. In this case, there is no documentation to indicate that this patient has osteoarthritis or any of the above-mentioned conditions from the Official Disability Guidelines. Further, the documentation in the record from the 6/1/2015 note states that the patient did not have a very good effect from prior injections with hyaluronic acid or cortisone. Therefore, there is no rationale for the use of a series of 4 injections. For these reasons, an Orthovisc injection for the right knee X 4 is not considered as a medically necessary intervention