

Case Number:	CM15-0109847		
Date Assigned:	06/16/2015	Date of Injury:	02/18/2010
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61 year old female who sustained an industrial injury on 02/18/2010. Treatment provided to date has included: left knee surgeries (2010, 2012 and 2015), physical therapy, injections, medications, and conservative therapies/care. Diagnostic tests performed include MRI of the left knee (08/01/2013) showing evidence of previous ACL reconstruction with possible further degeneration of the meniscus and ACL graft (versus cyst formation), and arthritis. There were no noted comorbidities or other dates of injury noted. On 04/10/2015, physician progress report noted complaints of ongoing and consistent left knee pain. The pain was not rated in severity, and was described as consistent. Current medications were not mentioned. The physical exam revealed a range of motion of 0-135 degrees (same as noted in the 12/13/2014 exam), medial joint line tenderness, no lateral joint line tenderness, no effusion, and no instability. It was noted that the injured worker reported only moderate relief from previous injections. The provider noted diagnoses of left knee osteoarthritis. Previous progress notes persistent and ongoing left knee pain despite undergoing a left knee arthroscopic multi-compartment synovectomy, revision medial meniscectomy and chondroplasty (02/2015) and previous Orthovisc injection. There has been no improvement in range of motion in the left knee since 12/13/2014, and there was no documented measurable functional improvement or reduction in medications or medical care as the result of the previous injections or surgery. Plan of care includes repeat Orthovisc injections (4) to the left knee and follow-up. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: one Orthovisc injection to the left knee once a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection, 1 x week for 4 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition (web), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections 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." In this case, there is no evidence of osteoarthritis. There is no clear evidence of failure of conservative therapies to control the patient's pain. Therefore, the prescription of Orthovisc Injection, Once a Week for 4 Weeks, left Knee is not medically necessary.