MAXIMUS Federal Services

Case Number:	CM15-0138073		
Date Assigned:	07/28/2015	Date of Injury:	07/13/2012
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, 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:

This is a 39-year-old female patient, who sustained an industrial injury on 7/13/12. The diagnoses include chondromalacia of bilateral knees. Per the doctor's note dated 6/11/15 she had complains of bilateral knee pain. Physical examination revealed tenderness to palpation over the patellofemoral and medial joint lines bilaterally, crepitus with range of motion bilaterally, range of motion 0 to 110 degrees bilaterally, pain with patellar compression and no pain with McMurray's maneuver. The medications list includes norco, norflex and trazodone. She has had lumbar MRI on 2/27/2013. She has undergone left knee arthroscopy with chondroplasty and tricompartmental synovectomy on 1/3/14. She has had physical therapy and the use of a knee brace for this injury. The treating physician requested authorization for 3 Orthovisc injections for each knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 orthovisc injections for each 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, Knee Chapter, Hyaluronic acid injections.

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 &Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: 3 orthovisc injections for each knee. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids. "Evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Diagnostic reports of the bilateral knee demonstrating severe osteoarthritis is not specified in the records provided. Response to previous conservative/non operative therapy for the right knee is not specified in the records provided. Any intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. The medical necessity of 3 orthovisc injections for each knee is not established in this patient at this time.