

Case Number:	CM15-0180600		
Date Assigned:	09/22/2015	Date of Injury:	07/19/2005
Decision Date:	10/28/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 57 year old male, who sustained an industrial injury on 7-19-2005. Medical records indicate the worker is undergoing treatment for left knee pain. A recent progress report dated 7-13-2015, reported the injured worker complained of left knee pain. Physical examination revealed normal gait with no limp noted and left knee medial joint line tenderness with no effusion. Left knee magnetic resonance imaging showed patella cartilage loss, adjacent edema, partial tear of the distal quadriceps tendon and chronic patellar tendinosis. Treatment to date has included injections, home exercise program and medication management. The physician is requesting Orthovisc injection to the left knee. On 9-2-2015, the Utilization Review noncertified a request for an Orthovisc injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection to the left knee quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Knee and Leg Procedure Summary Online Version updated 05/05/2015, Criteria for 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) Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections.

Decision rationale: The current request is for Orthovisc injection to the left knee quantity: 1. Treatment to date has included left ankle surgery 2010, hip surgery 2006, knee arthroscopy on left 2004, injections, physical therapy, home exercise program and medication management. The patient was advised to return to work with restrictions. MTUS Guidelines are silent on Orthovisc injections. ODG Guidelines, Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections state that they are "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." ODG further states that the study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. Per report 07/13/5, the patient presents with chronic left knee pain with locking, and catching. Physical examination revealed normal gait with no limp noted and left knee medial joint line tenderness with no effusion. Left knee MRI showed patella cartilage loss, adjacent edema, partial tear of the distal quadriceps tendon and chronic patellar tendinosis. The treater recommended the patient to continue HEP, and an Orthovisc injection to the left knee. Review of the medical records did not indicate prior Orthovisc injection to the left knee. In this case, the patient presents with continued left knee pain despite conservative measures, and MRI revealed patellar cartilage loss. An Orthovisc injection at this juncture is reasonable and supported by ODG. This request is medically necessary.