

Case Number:	CM15-0180785		
Date Assigned:	09/22/2015	Date of Injury:	04/16/2015
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an injury on 4-16-15 resulting when she knelt down and developed severe pain in her left knee. Treatment included brace, ice, medication, rest, brace, orthotics, physical therapy and modified duty. Diagnostic tests included MRI both knees on 6-26-15. Medication prescribed on 7-22-15 Naprosyn 500 mg. The current progress report on 8-19-15 indicates she has pain in her knees and the left is much greater than the right. Diagnoses include bilateral knee pain secondary to patellofemoral chondromalacia. The pain limits her normal activities and performing her usual job. She has no numbness, tingling or radicular symptoms. Her gait is mildly antalgic; examination of both knees show facet tenderness with patellofemoral crepitus and a mildly positive patellar grind test especially in the left knee; no significant joint line tenderness; minimal effusion in both knees; full range of motion both knees and both knees are stable. The recommendations included continue with formal physical therapy, home exercises and modification of activities and hyaluronic acid injections. She was advised to wear her patellar stabilizing brace with more strenuous weight bearing activities and to continue modified work duty. Current requested treatments Orthovisc injection series of 3 for bilateral knees. Utilization review 8-28-15 requested treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series of 3 for the right 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 (ODG), Knee and Leg (updated 07/10/15) - Online Version, 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in April 2015 when she had knee pain after kneeling at work. She was seen for an initial evaluation by the requesting provider on 07/22/15. Treatments had included ice, rest, and use of a brace and she had six sessions of physical therapy which aggravated her low back. MRI scans of the knee had been done showing findings of patellofemoral osteoarthritis. Physical examination findings included a body mass index of over 30. There was patellofemoral crepitus with patellar facet tenderness and minimally positive patellar grind testing. There was a minimal to mild diffusion. There was no significant joint line tenderness. Naprosyn was prescribed and she was referred for additional physical therapy. When seen for follow-up, she had undergone physical therapy but was having ongoing pain. She was having anterior knee pain which was not limiting her normal activities or her ability to work without restrictions. Authorization for bilateral Orthovisc injections is being requested. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis of the knee for patients who have not responded adequately to recommended conservative treatments including exercise and nonsteroidal anti-inflammatory medications or acetaminophen. There is insufficient evidence for other conditions, including patellofemoral arthritis or chondromalacia. Criteria also include documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling ACR criteria and the claimant's knee pain is not significantly interfering with her activities or preventing her from working without restrictions. The request is not medically necessary.

Orthovisc injection series of 3 for the left 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 (ODG), Knee and Leg (updated 07/10/15) - Online Version, 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in April 2015 when she had knee pain after kneeling at work. She was seen for an initial evaluation by the requesting provider on 07/22/15. Treatments had included ice, rest, and use of a brace and she had six sessions of physical therapy which aggravated her low back. MRI scans of the knee had been done showing findings of patellofemoral osteoarthritis. Physical examination findings included a body mass

index of over 30. There was patellofemoral crepitus with patellar facet tenderness and minimally positive patellar grind testing. There was a minimal to mild diffusion. There was no significant joint line tenderness. Naprosyn was prescribed and she was referred for additional physical therapy. When seen for follow-up, she had undergone physical therapy but was having ongoing pain. She was having anterior knee pain which was not limiting her normal activities or her ability to work without restrictions. Authorization for bilateral Orthovisc injections is being requested. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis of the knee for patients who have not responded adequately to recommended conservative treatments including exercise and nonsteroidal anti-inflammatory medications or acetaminophen. There is insufficient evidence for other conditions, including patellofemoral arthritis or chondromalacia. Criteria also include documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling ACR criteria and the claimant's knee pain is not significantly interfering with her activities or preventing her from working without restrictions. The request is not medically necessary.