

Case Number:	CM15-0184102		
Date Assigned:	09/24/2015	Date of Injury:	10/11/2013
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on October 11, 2013. She reported right knee pain. The injured worker was diagnosed as having degenerative joint disease of the right knee and status post ACL reconstruction, partial lateral meniscectomy followed by arthroscopic debridement. Treatment to date has included diagnostic studies, surgical intervention of the right knee, medications, physical therapy (at least 31 sessions), steroid injections to the right knee (without improvement) and work restrictions. Currently, the injured worker continues to report right patella and lateral knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. Evaluation on June 24, 2015, revealed continued pain as noted. It was noted physical therapy was helping. Her work status was noted as modified. Evaluation on August 12, 2015, revealed continued pain as noted. Right knee range of motion was decreased with flexion at 120 degrees. There was noted lateral joint tenderness and lateral patellar tenderness. X-ray of the right knee revealed normal alignment, no fracture and osteophyte patella. The plan included a set of Orthovisc injections to the right knee. The RFA included requests for 4 Orthovisc injections into right knee under ultrasound guidance and was non-certified on the utilization review (UR) on September 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Orthovisc injections into right knee under ultrasound guidance: 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 and leg (Acute and chronic).

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

Decision rationale: Per ODG: "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; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established." In this case, the x-rays of the knee are normal. There is no documentation of severe osteoarthritis of the knee. The patient is not over the age of 50. As this patient does not meet ODG criteria, the recommendation is for non-certification. The request is not medically necessary.