

Case Number:	CM15-0184390		
Date Assigned:	09/24/2015	Date of Injury:	11/20/1999
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
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

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 55 year old male, who sustained an industrial injury on 11-20-99. The injured worker is being treated for osteoarthritis. Treatment to date has included 4 Orthovisc injections which provided excellent results, right knee arthroscopy, oral medications including Tramadol, Ibuprofen and Aspirin; physical therapy, home exercise program and activity modifications. On 4-28-15, the injured worker reports he is doing well and making progress; his injections are starting to wear off (he receives them every 6 months). Work status is unclear. Physical exam performed on 4-28-15 revealed normal gait and pain over the medial joint line of right knee with crepitus in the patellofemoral joint. On 8-17-15, a request for authorization was submitted for one Orthovisc injection. On 8-20-15 a request for one Orthovisc injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthovisc Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg (Acute and Chronic): Hylan Injection.

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: Based on the 4/28/15 progress report provided by the treating physician, this patient presents with right knee pain. The treater has asked for 1 orthovisc injection on 8/11/15. The patient's diagnosis per request for authorization dated 8/17/15 is osteoarthritis. The patient is s/p arthroscopy of the right knee, chondroplasty of medial femoral condyle, and synovectomy/decompression of intraligamentous synovial cyst from 1/3/13 per 4/28/15 report. The patient is doing well and feels like he is making progress per 4/28/15 report. The patient would prefer to proceed with Orthovisc injections as opposed to platelet-rich plasma injections per 4/28/15 report. The patient had 5 prior Orthovisc injections to the knee and "has done very well" with the treatment per 6/16/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines are silent on Orthovisc injections. ODG-TWC, 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. The patient was authorized for 4 Orthovisc injections to the knee, which were administered between 6/16/15 and 7/8/15. The current request is for an additional injection, because "in patients that have had 5 injections in the past with a very good response, it is reasonable to perform 5 injections each time they get the injection series as it prolongs the time between injections and has better efficacy" per 8/11/15 report. Review of the medical records show a series of 5 Orthovisc injections to the right knee from approximately 6 months ago which provided benefit to the patient per 4/28/15 report. A right knee MRI was not included in the provided documentation. Physical exam from 4/28/15 report shows no swelling, no ligamentous laxity, crepitus in patellofemoral joint, and pain over medial joint line. Provided reports do not show a clear evidence of "severe" osteoarthritis of the knee, a requirement for these injections. Furthermore, ODG guidelines state that there is no difference between 3 or 6 consecutive Orthovisc injections. The patient has already had 4 injections, and the current request for an additional injection is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.