

Case Number:	CM15-0188079		
Date Assigned:	09/30/2015	Date of Injury:	11/06/2009
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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 33 year old female who sustained an industrial injury on 11-6-09. The injured worker reported pain in the back. A review of the medical records indicates that the injured worker is undergoing treatments for left knee derangement and L5-S1 herniation. Medical records dated 7-28-15 indicate "weakness with quadriceps tone....ongoing back pain." Provider documentation dated 7-28-15 noted the work status as totally disabled. Treatment has included status post left knee arthroscopic synovectomy, Naproxen Sodium since at least February of 2015, Norco since at least February of 2015, Tramadol since at least March of 2015, Ibuprofen since at least March of 2015, magnetic resonance imaging, and Gabapentin cream. Objective findings dated 7-28-15 were notable for "moderately severe muscle spasms with a fibro muscular nodule on the left...muscle spasm also noted on the right." The original utilization review (9-10-15) denied a request for Orthovisc injections left knee once a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections left knee once a week for 4 weeks: 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, updated 7/10/15, Online Version, 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 & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents on 07/28/15 with lower back pain, left knee pain, and associated weakness in the left lower extremity. The patient's date of injury is 11/06/09. Patient is status post arthroscopic multicompartamental synovectomy with plica excision, chondroplasty of the lateral tibial plateau on 06/09/15. The request is for ORTHOVISC INJECTIONS LEFT KNEE ONCE A WEEK FOR 4 WEEKS. The RFA was not provided. Physical examination dated 07/28/15 reveals weakness and decreased quadiceps weakness on the left, tenderness to palpation of the thoracolumbar spine with spasms noted, positive straight leg raise test on the left, and positive Kemp's test. The patient is currently prescribed Tizanidine, Naproxen, Omeprazole, Gabapentin cream, Tramadol, and Amitriptyline. Patient is currently classified as temporarily totally disabled for 30-45 days. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: 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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; 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 regard to the request for a series of 4 Orthovisc injections for this patient's continuing left knee pain, this patient does not meet guideline recommendations. There is no indication that this patient has undergone any Orthovisc injections to date. ODG supports such injections for patient with severe osteoarthritis, this patient presents post-operatively having undergone synovectomy and chondroplasty of the left knee on 06/09/15. No post-operative magnetic resonance imaging supporting a diagnosis of "severe osteoarthritis" of the left knee was provided. Furthermore, this patient is only several months post-operative, and the failure of conservative measures such as NSAIDs and physical therapy is difficult to establish at this early stage. Given the lack of evidence that this patient has "severe osteoarthritis" or the failure of conservative measures over a prolonged post-operative period, a series of Orthovisc injections cannot be substantiated. The request IS NOT medically necessary.