

Case Number:	CM15-0206395		
Date Assigned:	10/23/2015	Date of Injury:	10/30/2013
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency Medicine

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 female who sustained an industrial injury on 10-30-2013 and has been treated for left knee surgical intervention with synovectomy and possible lateral partial meniscectomy; chondromalacia; effusion; and, left peroneal nerve palsy, likely traumatic. A previous MRI was noted to have shown chondromalacia. On 9-21-2015 the injured worker reported left knee pain with decreased range of motion. Objective examination revealed antalgic gait favoring the left side, left knee swelling, effusion, an inability to extend her leg with a 5 degree extension lag. Flexion was noted to be limited to about 100 degrees with "significant" pain. The physician stated that "most of her issues are medial in her knee." The left ankle was also noted to have discomfort and swelling stated to possibly be "compensatory from walking abnormally." Documented treatment includes orthovisc injections "with little improvement" "followed by cortisone injection," use of a cane, topical pain creams containing Flurbiprofen, cyclobenzaprine and gabapentin due to GI symptoms from oral medication. The treating physician's plan of care includes a request submitted 9-25-2015 for an orthovisc injection, but this was denied on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Criteria for Hyaluronic acid injections.

Decision rationale: The requested Orthovisc Injection left knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections noted: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; of synovium; (7) Over 50 years of age; less than 1:40 titer (agglutination method); signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 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." The injured worker has left knee pain with decreased range of motion. Objective examination revealed antalgic gait favoring the left side, left knee swelling, effusion, an inability to extend her leg with a 5 degree extension lag. Flexion was noted to be limited to about 100 degrees with "significant" pain. The physician stated that "most of her issues are medial in her knee." The left ankle was also noted to have discomfort and swelling stated to possibly be "compensatory from walking abnormally." Documented treatment includes orthovisc injections "with little improvement" "followed by cortisone injection." The treating physician has not documented the above-referenced criteria nor functional improvement from previous injections. The criteria noted above not having been met, Orthovisc Injection left knee is not medically necessary.