MAXIMUS Federal Services

Case Number:	CM15-0027433		
Date Assigned:	02/19/2015	Date of Injury:	10/09/2013
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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 48 year old male, who sustained an industrial injury on 10/9/13. The injured worker has complaints of shooting pain in the left knee. Examination of the left knee demonstrates he has knee effusion; he has tenderness to palpation in the medial femoral condyle and has no joint line tenderness to palpation, no pain with patellar ballottement and no pain with resisted patellar retraction. The assessment have included status post left knee diagnostic arthroscopy and partial meniscectomy and left knee osteochondral defect t the medial femoral condyle. Treatment to date has included physical therapy; electric stimulation; arthroscopy surgery on 6/5/14 and medications. According to the utilization review performed on 2/4/15, the requested Intra-articular Orthovisc injections times 4 under ultrasound guidance for the left knee has been non-certified. Official Disability Guidelines knee and leg procedure were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular Orthovisc injections times 4 under ultrasound guidance 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections.

Decision rationale: he patient presents with pain in the left knee. The request is for INTRA-ARTICULAR ORTHOVISC INJECTION TIMES 4 UNDER ULTRASOUND GUIDANCE FOR THE LEFT KNEE. The request for authorization was not provided. Patient is status-post left knee diagnostic arthroscopy and partial meniscectomy, date unspecified. Per progress report dated 01/13/15, patient has had previous sessions of physical therapy. Patient's medications include Naprosyn and Omeprazole. The patient is not working. MTUS is silent on Orthovisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections 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 this 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 were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection, there is morbid obesity or draining popliteal cyst. Per progress report dated 01/13/15, treater's reason for the request is "Orthovisc will be used as a formal viscosupplementtion to treat the osteochondral defect of the medial femoral condyle. Review of submitted documentation does not indicate the patient has had a previous Orthovisc injection to the left knee. Per progress report dated 01/13/14, patient has been treated with physical therapy and NSAIDs. However, the patient presents with left knee pain but has not been diagnosed with osteoarthritis for which the injections are generally indicated. In this case, the patient is diagnosed with osteochondral defect, and ODG guidelines state that "there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." Therefore, the request IS NOT medically necessary.