MAXIMUS Federal Services

Case Number:	CM15-0027525		
Date Assigned:	02/19/2015	Date of Injury:	09/16/2014
Decision Date:	04/06/2015	UR Denial Date:	02/12/2015
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 31 year old female, who sustained an industrial injury on September 16, 2014. The injured worker had reported a low back and left knee injury. The diagnoses have included degenerative joint disease of the left knee, left knee medial meniscus tear and left knee chondromalacia. Treatment to date has included medications, physical therapy and a left knee arthroscopy. Current documentation dated December 19, 2014 notes that the injured worker had stiffness and occasional throbbing pain of the left knee, rated a four out of ten on the Visual Analogue Scale. The pain was unchanged. Squatting was noted to make the symptoms worse. On February 12, 2015 Utilization Review non-certified a request for Orthovisc Injections to the left knee # 3. The Official Disability Guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Orthovisc Injections to the left knee # 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, left knee; Qty: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment of Workers' Compensation (ODG-TWC): 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 knee and leg (acute and chronic) chapter, hyaluronic acid injections.

Decision rationale: Per the 10/01/14 report the patient presents with left knee and right lower back pain s/p left knee surgery in 2013. The patient's current diagnoses include left knee sprain, history of left knee arthroplasty. The current request is for ORTHOVISC INJECTIONS, LEFT KNEE QTY 3 per the 01/23/15 RFA. The reports do not state if the patient is working.MTUS Guidelines are silent on Orthovisc injections. ODG knee and leg (acute and chronic) guidelines 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, acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." Current reports do not provide clinical evidence of osteoarthritis of the left knee; however, past diagnoses have included degenerative joint disease of the left knee. There is no evidence of prior injections. ODG criteria for this treatment include documented symptomatic severe arthritis including bony tenderness, crepitus and less than 30 minutes morning stiffness, and failure to respond to aspiration and injection of intra-articular steroids. No clinical evidence of this has been provided in the two medical reports available for review. In this case the request IS NOT medically necessary.