

Case Number:	CM15-0212415		
Date Assigned:	11/02/2015	Date of Injury:	01/04/2013
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old male, who sustained an industrial injury on January 4, 2013. He reported a right knee injury. The injured worker was diagnosed as having right knee sprain and peroneal nerve injury, tear meniscus not elsewhere classified, right ACL tear, contusion of knee, left leg joint pain, tear medial meniscus knee, internal derangement of knee not otherwise specified and unilateral primary osteoarthritis of right knee. Treatment to date has included diagnostic studies, surgery, post-operative physical therapy and medication. On December 22, 2014, an MRI of the right knee showed an intact anterior cruciate ligament repair with non-visualization of the posterior cruciate ligament. There was free edge fraying and small radial tear of the posterior horn of the medial meniscus. On October 1, 2015, the injured worker complained of tolerable right knee pain. The pain was rated as a 3 on a 1-10 pain scale. He stated that he would not be able to complete heavy work duties with current weakness and pain. Right knee range of motion included extension -5 degrees and flexion 130 degrees. On October 19, 2015, physical examination of the right knee revealed tenderness, flexion contraction and painful knee flexion. Patella grind test, patella ballotable, valgus test at 0 degrees, crepitus, valgus test at 30 degrees, varus stress test at 0 degrees and varus test at 30 degrees were all positive. The treatment plan included therapy with anti-inflammatory modalities and therapeutic exercise as tolerated for the affected area for four weeks. A request was made for Orthovisc injections to the right knee once weekly for four weeks (4 injections). On October 26, 2015, utilization review denied a request for Orthovisc injections to the right knee once weekly for four weeks (4 injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections to right knee once weekly for 4 weeks (4 injections): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthovisc, DePuy Mitek Inc, <http://www.orthovisc.com/orthovisc>, Accessed on 12/13/2015, Roberts Jr WN, et al, Intraarticular and soft tissue injections: What agent(s) to inject and how frequently? Topic 7985, version 13.0, Up-To-Date, accessed on 12/13/2015, Kalunian KC, et al, Treatment of osteoarthritis resistant to initial pharmacologic therapy, Topic 16698, version 12.0, Up-To-Date, accessed on 12/13/2015.

Decision rationale: Orthovisc (high molecular weight hyaluronan) is a medication in the hyaluronic acid derivative class that can be injected into joints. The MTUS Guidelines are silent on this issue. The literature supports its use in the treatment of osteoarthritis in the knee when symptoms have not improved despite treatment with acetaminophen with non-steroidal anti-inflammatory drugs and with glucocorticoids injected into the knee or these treatments were not tolerated. The goal of therapy is improved pain intensity and/or function. This medication is FDA-approved for weekly injections for three to four weeks. There is limited literature describing the safety, efficacy, and ideal frequency of treating with repeated series of injections. The submitted and reviewed documentation concluded the worker was suffering from right knee pain due to ligament injury. There was no discussion detailing special circumstances that sufficiently supported this request. Further, the request was for a large number of treatments, which would not allow for changes in the worker's care needs. For these reasons, the current request for four injections of Orthovisc (high molecular weight hyaluronan) into the right knee done weekly for four weeks is not medically necessary.