

Case Number:	CM15-0045666		
Date Assigned:	03/18/2015	Date of Injury:	08/16/2014
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 58-year-old female who sustained an industrial injury on August 16, 2014. The injured worker was diagnosed with status post meniscus tear and repair, osteoarthritis right knee, knee and leg sprain/strain and obesity. The injured worker underwent a right knee arthroscopy with medial meniscectomy and synovectomy on October 16, 2014 followed by physical therapy starting on October 27, 2014. The injured worker received a steroid injection on December 22, 2014. According to the primary treating physician's progress report on February 18, 2015, the injured worker was seen for follow up visit for right knee pain. The injured worker felt her home exercise program was ineffective. Examination demonstrated tenderness along the joint line, slight effusion and swelling along with clicking with range of motion. Left knee was noted with crepitance on range of motion. Current medications consist of Ibuprofen and Amitriptyline. The treating physician is requesting 4 weekly Orthovisc injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Weekly Orthovisc injections of the right knee: Overturned

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: Orthovisc is a high molecular weight hyaluronan. ACOEM guidelines state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as a guideline for Hyaluronic acid injections; "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. 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." The Injured Worker is noted to have OA with crepitus on motion, as well as difficulty with prolonged standing. She is over fifty years of age and has attempted and failed; home exercise, physical therapy and intra-articular steroids. Based on ODG guidelines hyaluronic acid injections would be indicated for this Injured Worker. Therefore, I am reversing the prior decision and deem the request for orthovisc injections x4 are medically necessary.