

Case Number:	CM15-0046223		
Date Assigned:	03/18/2015	Date of Injury:	03/20/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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 56 year old, female patient, who sustained an industrial injury on 03/20/2014. A primary treating office visit dated 01/16/2015, reported the patient is now more than two months out from her left knee multi-compartment synovectomy and chondroplasty; she is doing well. Physical examination found her range of motion is zero to 130 degrees. She has a mild effusion and mild crepitation. The plan of care noted to continue activities as tolerated, follow up in four weeks, at which time we'll consider visco supplementation. She will do more physical therapy for another 6 weeks as she's improving with strength and balance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection, one time a week times four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 04/24/2015. Roberts Jr WN, et al.

Intraarticular and soft tissue injections: What agent(s) to inject and how frequently Topic 7985, version 12.0.

UpToDate, accessed on 04/24/2015. Kalunian KC, et al. Treatment of osteoarthritis resistant to initial pharmacologic therapy. Topic 16698, version 12.0. UpToDate, accessed on 04/24/2015.

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 knee pain that was improved with surgery to repair a meniscal injury. There was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for injections of Orthovisc (high molecular weight hyaluronan) into an unspecified joint weekly for four weeks is not medically necessary.