

Case Number:	CM15-0060240		
Date Assigned:	04/06/2015	Date of Injury:	01/06/2005
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 55 year old male sustained an industrial injury to the left knee on 1/6/05. Previous treatment included magnetic resonance imaging, knee arthroscopy, Orthovisc injections, physical therapy and medications. In a follow-up examination dated 2/3/15, the injured worker complained of left knee pain 7-9/10 on the visual analog scale associated with numbness, tingling and instability. The injured worker reported that physical therapy did not help and Orthovisc injections provided temporary relief. The injured worker reported that he had been dieting but had not lost any weight. The injured worker needed to get his weight down to 325 pounds in order to undergo surgery. Physical exam was remarkable for left knee with tenderness to palpation over the medial joint line, restricted range of motion, mild patellar apprehension and 4/5 motor strength. Current diagnoses included obesity and osteoarthritis of knee. The treatment plan included Orthovisc injections x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Orthovisc injections x 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 (ODG), Knee Chapter, Hyaluronic acid injections.

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. MTUS is silent regarding the use of ultrasound guided orthovisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided orthovisc injections, it does 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 guideline for Hyaluronic acid injections Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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. ODG states that this RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. The medical documentation provided to not indicate the patient has the symptoms listed above, such as bony enlargement, bony tenderness or crepitus. As such, the request for Left knee Orthovisc injections x 3 is not medically necessary at this time.