

Case Number:	CM15-0085782		
Date Assigned:	05/28/2015	Date of Injury:	04/04/2012
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 66 year old female who sustained an industrial injury on 4/4/12 while pushing a rack that was locked. She felt a pop in her right knee followed later by a burning sensation in the right knee. After arthroscopic surgery on the right knee and while wearing a right knee brace, she was overcompensating with the left knee and while walking her left knee popped with immediate onset of burning, sharp pain. She was medically evaluated again and given a knee brace, x-rays. Currently she complains of left knee pain that occasionally gives out. On physical exam there is tenderness across the knees bilaterally with positive McMurray's medially bilaterally and decreased range of motion. Her activities of daily living are limited. There was tenderness across the lumbar paraspinal muscles and pain with facet loading. She does not do chores, climb stairs or grocery shop. Medications are trazodone, Tramadol, Flexeril, Protonix, naproxen (it is unclear as to which medications the injured worker is currently using as some were denied). Diagnoses include internal derangement of the right and left knee, status post right knee arthroscopy partial medial and lateral meniscectomy and chondroplasty (8/23/12); arthroscopy of the left knee with chondroplasty (8/12/13, of note the injured worker developed aseptic meningitis after this surgery); discogenic lumbar condition with facet inflammation and right-sided radiculopathy; bilateral hip joint inflammation; chronic pain syndrome. Treatments to date include brace; hot and cold wraps; prior Hyalgan injection with good results (per 4/2/15 note); transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the left knee (7/25/14) showing medial meniscus posterior horn inner edge and inferior articular tears, degenerative arthritis x-ray of the bilateral knees (7/25/14) showing mild

right greater than left degenerative osteophyte arthritis. In the progress note dated 4/2/15 the treating provider's plan of care includes a request for Orthovisc injection, a series of three injections into the left knee to increase lubrication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Orthovisc injections into the left knee: 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 & Leg: 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 (ODG) Knee section, Hyaluronic acid injection.

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc one injection left knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are internal derangement right and left knee status post righty arthroscopy and left knee arthroscopy with microfracture chondroplasty August 12, 2013; discogenic lumbar condition with facet inflammation and right-sided radiculopathy; bilateral hip joint inflammation; and chronic pain syndrome. The documentation shows the injured worker underwent a left knee arthroscopy with microfracture on August 12, 2013. July 26, 2014 injured worker underwent left knee MRI that showed extensive degenerative changes. Plain x-rays of the left knee date of service July 25, 2014 showed borderline mild medial compartment joint space narrowing, medial compartment osteophytes and the smaller fusion. The impression was mild right greater than left the generative osteophyte arthritis of the knees. The documentation shows the injured worker had prior hyaluronic acid injections administered January 2014 and February 2014. There is no documentation indicating whether the injured worker had objective functional improvement and the duration of time of improvement with prior injections. In a progress note dated April 2, 2015, the injured worker presents with severe left knee pain. Each worker uses a brace. The injured worker stated prior injections resulted in "good relief." There is no objective

documentation from the treating provider as to percentage improvement and length of time. A follow-up progress note dated May 11, 2015 states orthovisc injections are not clinically indicated at this time. Consequently, absent objective clinical documentation with significant improvement for six months or more and a change in the treatment plan dated May 11, 2015, series of three orthovisc injections to the left knee is not medically necessary.