

Case Number:	CM15-0086623		
Date Assigned:	05/08/2015	Date of Injury:	05/08/2009
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male who sustained an industrial injury on 5/8/2009. His diagnoses, and/or impressions, are noted to include: a history of open right comminuted intra-condylar fracture of the right femur, with impingement, and status-post excision of bone, and with autologous bone graft (7/27/09), with follow-up surgery (1/25/10); comminuted left tibial plateau fracture; left distal tibia and fibular shaft fractures; secondary arthritis of the bilateral knees; and pain in the knees. No current imaging studies are noted. The history of his treatments have included multiple surgeries; physical therapy; Cortisone injection therapy; Orthovisc injections, very effective; the use of a cane; a return to modified work duties; and medication management. Progress notes of 4/7/2015 reported a follow-up evaluation of his bilateral knees, with complaints of increased and severe knee pain, along with the request for another series of Orthovisc injections, stated to have provided him 5 months of pain relief in the past. Objective findings of both knees were noted to include crepitation with knee motion; generalized tenderness; decreased range-of-motion and strength; and full distal neuro-vascular status. The physician's requests for treatments were noted to include a repeat series of Orthovisc injections to the bilateral knees, to help with pain and post-pone total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series of 3 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, Knee & Leg Chapter (Acute & Chronic) 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 Complaints: Treatment Consideration.

Decision rationale: Orthovisc Injection series of 3 left knee is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who: 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications); 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement; 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." According to the medical records, the patient reported 5 months of relief. The guidelines require 6-9 months of relief. Additionally, the patient had not been ruled out as a surgical candidate. The request is not medically necessary.

Orthovisc Injection series of 3 of the right 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, Knee & Leg Chapter (Acute & Chronic) 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 Complaints: Treatment consideration.

Decision rationale: Orthovisc Injection series of 3 of the right knee. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who: 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications); 2) Are not candidates for total knee replacement or

who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement; 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." According to the medical records, the patient reported 5 months of relief. The guidelines require 6-9 months of relief. Additionally, the patient had not been ruled out as a surgical candidate. The request is not medically necessary.