

Case Number:	CM15-0088886		
Date Assigned:	05/13/2015	Date of Injury:	05/08/2014
Decision Date:	06/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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 53 year old female, who sustained an industrial injury on May 8, 2014 while working as a security officer. The mechanism of injury was a motor vehicle accident. The injured worker has been treated for low back pain, right knee pain and bilateral foot pain. The diagnoses have included right knee medial/lateral meniscus tear, lumbar disc protrusion causing mild right foraminal neural stenosis, low back pain, lumbar radiculitis and osteoarthritis of the lower leg. Treatment to date has included medications, radiological studies, physical therapy, injections and right knee surgery. Current documentation dated March 31, 2015 notes that the injured worker reported sharp right anterior knee pain. Examination of the right knee revealed medial joint line greater than lateral joint line tenderness. Range of motion was noted to be decreased. The treating physician's plan of care included a request for Orthovisc injections to the right knee times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections right knee x 3 (inject into knee once a week for 3 weeks): 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 and Leg Chapter, 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.

Decision rationale: Pursuant to the Official Disability Guidelines, Orthovisc injections right knee times three (inject into knee once a week for three weeks) 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 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 chondromalacia patella knee; muscle weakness; muscle disuse atrophy. The documentation indicates the injured worker underwent an arthroscopy of the knee with a partial medial and lateral meniscectomy and chondroplasty with a limited synovectomy. According to a February 23, 2015 progress note, the injured worker completed 1230 sessions and still complains of pain and left knee. Subjectively there is no documentation indicating the injured worker has complaints relating to osteoarthritis. Objectively, on physical examination there is no documentation indicating severe osteoarthritis of the knee including bony enlargement crepitus. There is no documentation of prior injection with intra-articular steroids. There are no radiographs indicating objective evidence of osteoarthritis. Hyaluronic acid injections are not indicated for chondromalacia patella. One of the diagnoses indicates the injured worker has chondromalacia patella. Orthovisc is not indicated on that basis. Consequently, absent subjective, objective and radiographic findings of severe osteoarthritis with a diagnosis of chondromalacia patella, Orthovisc injections right knee times three (inject into knee once a week for three weeks) is not medically necessary.