MAXIMUS Federal Services

Case Number:	CM14-0115137		
Date Assigned:	09/18/2014	Date of Injury:	04/02/2013
Decision Date:	10/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who has submitted a claim for osteoarthrosis and joint pains of the lower leg, associated with an industrial injury date of 04/02/13. Medical records from August 2013 to September 2014 were reviewed. The patient complained of pain in her right knee following an injury when she stepped into here delivery truck. She twisted her right knee and felt a painful pop. Arthroscopy of the right knee, dated 06/04/2013, revealed a tear of the medial meniscus and chondromalacia. The patient continued to have activity-related pain. Physical examination of the right knee revealed tenderness and crepitus at the medial compartment. Range of motion was 0 to 120 degrees on the right and 0 to 130 on the left. McMurray's sign was negative. Right quadriceps was noted to be atrophied compared to the left. X-rays of the right knee showed complete loss of medial cartilage space which is indicative of posttraumatic osteoarthritis with medial compartment involvement. Treatment to date has included meloxicam and physical therapy. Utilization review from July 8, 2014 denied the request for a series of Orthovisc injections. There was no documentation of failure to respond to a recent course of oral NSAIDs, therapeutic exercise, and cortisone injection. There was likewise no documentation imaging or operative findings meeting the ACR criteria to warrant viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Orthovisc injections, right knee, 1 time per week QTY: 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) - TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic Acid Injections

Decision rationale: The ODG states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, Orthovisc injection was requested to provide longer lasting relief. However, there were no imaging or arthroscopy findings of osteoarthritis that were included in the records for review to warrant the need for Orthovisc. Furthermore, there was no discussion regarding failure of conservative treatment or previous knee surgery. Therefore, the request for Orthovisc injections is not medically necessary.