

Case Number:	CM14-0117717		
Date Assigned:	08/06/2014	Date of Injury:	01/28/2013
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old male who sustained an injury on 01/23/13. He states that he had progressive worsening of symptoms. As per the report of 2/20/14 he was status post right knee surgery on 1/20/14. He had 5/10 right knee pain. He indicated improved ROM and tolerance to exercise and activity with medication. Right knee exam revealed tenderness and ROM lacks 5 degrees with extension and flexion at 80 degrees. Spasm of the calf musculature was decreased. He had 12 physical therapy sessions to the right knee from 01/28/14 to 03/14/14. According to the report of 3/20/14, he was status post left knee surgery and on 7/3/14 he was having increasing pain in his left knee. Left knee exam demonstrated 1+ effusion and moderate medial joint line tenderness. Trial of Orthovisc injections in the left knee was requested on 7/21/14. He was to continue non-steroidal anti-inflammatory medications, pain medications, and muscle relaxants. Current medications included cyclobenzaprine, hydrocodone, Zolpidem, Prilosec, and Anaprox. Diagnoses: Status post right knee arthroscopic chondroplasty and removal of meniscal cyst; and status post left knee arthroscopic partial medial meniscectomy and chondroplasty medial femoral condyle and patella. The request for series of 3 Orthovisc injections, right knee was denied on 07/11/14 due to lack of medical necessity of guidelines.

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, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS / ACOEM guidelines do not entirely address the issue. Per ODG, patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr.; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); - 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. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee, because the effectiveness of hyaluronic acid injections. In this case, there is no documentation of severe knee osteoarthritis based on the American College of Rheumatology (ACR) criteria. There is limited evidence of sufficient conservative treatment of at least three months duration. There is no documentation of trial and failure of intra-articular steroid injection. Furthermore, the IW has had chondromalacia and meniscal cyst, which are not indications for Hyaluronic acid injections. Therefore, the request of series of 3 Orthovisc injections for right knee is not medically necessary and appropriate.