

Case Number:	CM14-0121745		
Date Assigned:	08/08/2014	Date of Injury:	06/04/2012
Decision Date:	10/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 Illinois. 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 38-year-old woman who has a date of injury of June 4, 2012 when she injured her knees and back. She was prescribed anti-inflammatory medications, chiropractic treatments and physical therapy. In December of 2013 she was declared permanent and stationary with left knee contusions. In May 2014, her physical exam was positive for left knee crepitus, pain and no effusion. She had a lumbar spine magnetic resonance imaging scan which showed protrusions at L5-S1. She has a left knee x-ray in July of 2012 which was negative, a left knee magnetic resonance imaging scan in January of 2012 which showed a small meniscal tear and a left knee ultrasound in December of 2013 which was negative for chondromalacia. An electromyogram of the legs was also negative. On May 28, 2014 a request was made for Orthovisc to her worsening left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections to the left 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: Orthovisc is an injection that supplements knee fluid to help lubricate and cushion the joint, and can provide up to six months of osteoarthritis knee pain relief. Hyaluronan is a natural substance found in the body and is present in very high amounts in joints. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint and is needed for the knee joint to work properly. Hyaluronic acid injections are not addressed in the Chronic Pain Medical Treatment Guidelines or American College of Occupational and Environmental Medicine. Per the Official Disability Guidelines, they are recommended as a possible option for severe osteoarthritis for workers who have not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory drugs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). This injured worker does not have pain from osteoarthritis nor has she been diagnosed with osteochondritis dissecans, or patellofemoral syndrome; therefore, this treatment is not indicated. The request is not medically necessary.