

Case Number:	CM14-0126038		
Date Assigned:	09/24/2014	Date of Injury:	11/09/2007
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This 44 year-old housekeeper sustained an injury on 11/9/07 from a twisting episode while employed by [REDACTED]. Request(s) under consideration include Orthovisc injections. MRI of right knee dated 11/8/12 showed mild to moderate degenerative changes in medial compartment; mild distal ACL sprain; mild degenerative changes of patellofemoral joint; and small radial tear of medial meniscus. Diagnoses include medial meniscal knee tear s/p arthroscopic partial medial meniscectomy on 3/14/14. The patient last worked in the fall of 2011. Conservative care has included right knee Kenalog injection on 10/15/13. Report of 4/15/14 from the provider noted the patient with diagnoses of medial meniscus knee s/p surgery 3/14/14 with physical therapy orders for 6 additional visits. Exam showed "normal range of motion" with flexion of 130 degrees/ extension of 0 degrees, negative patella exam; negative ligament exam; medial joint line tenderness on right. Report of 7/11/14 from the provider noted the patient with continued pain in the right knee. She has completed 12 physical therapy sessions with additional 6 visits pending. The patient continues on oral opioid medication. Exam showed positive meniscal finding; medial and lateral joint line tenderness; negative ligament and patellar exam. X-ray showed Fairbanks changes of post meniscectomy DJD (ridging and narrowing). Dictated X-ray report of right knee (3 views) dated 7/11/14 from radiologist had impression of no fracture, dislocation; no chondrocalcinosis; normal patella position and appearance. The request(s) for Orthovisc injections was non-certified on 7/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections: 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), Knee Chapter

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, pages 311-313

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive clinical findings nor is there any remarkable imaging of significant osteoarthritis with recommended diagnoses for the injection request. The Orthovisc injections are not medically necessary.