

Case Number:	CM14-0138574		
Date Assigned:	09/05/2014	Date of Injury:	11/08/2006
Decision Date:	09/26/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male with a work injury dated 11/8/06. The diagnoses include patellofemoral chondromalacia; medial meniscal tear. Under consideration is a request for Orthovisc Injections Right Knee QTY: 3 and Orthovisc Injections Left Knee QTY: 3. There is a primary treating physician report dated 8/11/14 that the patient follows up for his knees. He has persistent pain, crepitus, and swelling. The right and left knee range of motion are 0-130 degrees. Crepitus is 2+ with rotation and flexion/extension weight bearing. There are no effusions or ligament laxity. Patient is noted to be at maximal medical improvement. There is a request for Orthovisc injections bilaterally. Per documentation the patient had a right knee arthroscopy in 2002. He had a left knee arthroscopy in 2008. MRI studies of the right knee done on 6/5/12 revealed a horizontal tear of the posterior horn of medial meniscus with fissuring and a chondral flap on the medial femoral condyle. MRI of the left knee done on 6/5/12 showed chondromalacia of the trochlear groove and the posterior portion of the medial femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections Right Knee 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: Knee & Leg.

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 MTUS does not specifically address Synvisc injections. The Official Disability Guidelines states that the patient must 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. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, or patellofemoral syndrome because the effectiveness of hyaluronic acid injections for these indications has not been established. The current request is not supported per the Official Disability Guidelines and therefore the request for three Orthovisc Injections for the right knee is not medically necessary.

Orthovisc Injections Left Knee 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: Knee & Leg.

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 MTUS does not specifically address Synvisc injections. The Official Disability Guidelines states that the patient must 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. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, or patellofemoral syndrome because the effectiveness of hyaluronic acid injections for these indications has not been established. The current request is not supported per the Official Disability Guidelines and therefore the request for three Orthovisc Injections for the left knee is not medically necessary.