

Case Number:	CM14-0142300		
Date Assigned:	09/18/2014	Date of Injury:	08/27/2004
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62-year-old female who has submitted a claim for right knee arthritis associated with an industrial injury date of 08/27/2004. Medical records from 08/20/2012 to 08/13/2014 were reviewed and showed that patient complained of right knee pain (pain scale grade not specified). Physical examination revealed medial joint line pain, mild swelling and crepitation, and no instability or neurovascular abnormality. Treatment to date has included right knee arthroscopy, partial lateral meniscectomy, and lateral compartment debridement with patellofemoral chondroplasty (09/21/2006), 26 visits of physical therapy, three injections of Orthovisc (2012), and pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. There was discussion of previous aspiration and intra-articular steroid injection. Utilization review dated 08/08/2014 denied the request for Orthovisc injections weekly for three weeks to the right knee and Orthovisc for intra-articular injection (per dose) because a trial of other conservative modalities should be done first.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections weekly for three weeks to the right knee: 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 and Leg, Acute and Chronic, Hyaluronic acid injections

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, Hyaluronic Acid Injections

Decision rationale: CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; failure to adequately respond to aspiration and injection of intra-articular steroid. In this case, the patient had three injections of Orthovisc (2012) with no documentation of functional outcome. Moreover, there was insufficient documentation of pharmacologic and non-pharmacologic trial and outcome. There was also no documentation of aspiration and intra-articular steroid injection. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Orthovisc injections weekly for three weeks to the right knee is not medically necessary.

Orthovisc for intra-articular injection (per dose): 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 and Leg, Acute and Chronic, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, Orthovisc injections weekly for three weeks to the right knee, was deemed not medically necessary. Therefore, the request for Orthovisc for intra-articular injection (per dose) is not medically necessary.