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| Case Number: | CM14-0142803 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 08/30/2007 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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 Interventional Spine 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:

There were 50 pages provided for this independent medical review. The patient had a left knee meniscal tear. The handwriting however was illegible and the supportive clinical material provided for the request was scant. There was a July 2014 primary treating physician's progress report. He is described here as a 33-year-old male who presented for reevaluation with respect to a painful condition about the knee. He continued to experience aching pain with popping and weakness about the left knee. He had physical therapy in the past, which was beneficial. He continued to do his home exercise program and was doing well. The diagnosis was a meniscal tear of the left knee within osteochondral defect. They will do a home exercise program and request Orthovisc injections. No overt osteoarthritis is noted on imaging studies however in the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections for left knee times 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 (ODG)

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

Decision rationale: The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). This patient however has no documentation of true, degenerative osteoarthritis, which is the specific condition that evidence-based studies have shown the injections are helpful for. The request is not medically necessary.

Administration of injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM, Chapter 3, Initial Approaches to Treatment, page 48 Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. There is insufficient clarity as to the kind, type and duration of injections to be administered. The request is not medically necessary.