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| Case Number: | CM14-0144075 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 07/15/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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, Pain Medicine and is licensed to practice in Florida. 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 44-year-old male with a reported injury on 07/15/2013. The mechanism of injury was pulling hose, lifting, twisting and pivoting on his knee. The injured worker's diagnoses included left knee medial meniscal tear status post partial meniscectomy and chondromalacia status post chondroplasty. The injured worker's past treatments included medications, rest, immobilization, physical therapy, ice, and a cortisone injection. The injured worker's diagnostic testing included a left knee x-ray on 07/15/2013, an MRI of the left knee on 07/23/2013, and most recently an MRI of the left knee on 07/23/2014, which showed postoperative changes in the medial meniscus with no frank new tear. There was chondromalacia with small chondral defect noted in the medial femoral condyle, no subchondral cysts or bone marrow lesions, a horizontal degenerative lateral meniscus tear was noted, and anterior cruciate ligament, posterior cruciate ligament, and collateral ligaments were intact. The injured worker's surgical history included a left knee arthroscopy with medial meniscectomy and chondroplasty of the patellofemoral joint on 09/25/2013. The injured worker was evaluated on 08/04/2014 for evaluation of his left knee, which he complained had persistent swelling and some pain. He also reported some weakness in quadriceps function. The clinician observed and reported mild synovitis with no effusion. Quadriceps atrophy was noted, but strength was 5/5. There was full range of motion and no ligamentous laxity. The clinician's treatment plan was to order the Orthovisc injection series for pain management. The request was for 3 Orthovisc injections to the left knee. The Request for Authorization Form was submitted on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three orthovisc injections to the left 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)

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: The request for Three orthovisc injections to the left knee is not medically necessary. The injured worker continued to complain of knee pain and swelling. The California MTUS/ACOEM Guidelines do not address hyaluronic acid injections. The Official Disability Guidelines do recommend hyaluronic acid injections for injured workers with severe osteoarthritis who have not responded adequately to recommended conservative treatments or are intolerant of those therapies. The guidelines also state that hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae. They are recommended for injured workers whose pain interferes with functional activities and after the failure of aspiration and injection of intra-articular steroids. The documentation provided did not indicate a diagnosis of severe osteoarthritis; however, the documentation from 08/04/2014 does indicate that this requested treatment would be for some chondromalacia with chondral wear. There is no indication of the failure of other conservative treatments or that the injured worker's pain significantly interfered with functional activities. As such, the request for Three orthovisc injections to the left knee is not medically necessary.