

Case Number:	CM14-0146605		
Date Assigned:	09/12/2014	Date of Injury:	03/30/2011
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 52-year-old female with a 3/30/11 date of injury, and left knee arthroscopic partial medial and lateral meniscectomy, chondroplasty, and limited synovectomy on 1/31/12. At the time (7/28/14) of request for authorization for Orthovisc Injections Left Knee Once A Week for Four Weeks, there is documentation of subjective (left knee pain) and objective (mild to moderate patellar crepitation, medial joint line tenderness, positive McMurray's test, and valgus deformity noted) findings, imaging findings (X-ray of the left knee (7/28/14) report revealed no acute fracture or significant joint space narrowing), current diagnoses (left knee internal derangement), and treatment to date (medications (including Norco)). There is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (physical therapy, weight loss, and intra-articular steroid injection); and plain x-ray findings diagnostic of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections Left Knee Once A Week for Four Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Orthovisc Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnosis of left knee internal derangement. However, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (physical therapy, weight loss, and intra-articular steroid injection). In addition, given documentation of x-ray findings (no acute fracture or significant joint space narrowing), there is no documentation of plain x-ray findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Orthovisc Injections Left Knee once a week for 4 weeks is not medically necessary.