

Case Number:	CM14-0178069		
Date Assigned:	10/31/2014	Date of Injury:	06/04/2013
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 22-year-old male with a 6/4/13 date of injury, when he twisted his left leg and injured the left knee. The MRI of the left lower extremity dated 6/25/13 revealed lateral patellar dislocation and near complete tear of the medial patellofemoral ligament. The plain radiographs of the left knee dated 6/4/13 showed no fracture or dislocation with possible subluxation. The patient was seen on 9/11/14 with complaints of pain in the left knee. The patient stated that acupuncture helped him temporarily. Exam findings of the left knee revealed tenderness to palpation in the anterior aspect of the knee and patellofemoral crepitus. The diagnosis is left knee patellar dislocation, left knee patellofemoral crepitus and chondromalacia. Treatment to date: 12 sessions of PT, 12 sessions of acupuncture, steroid injections, work restrictions, knee brace, home exercise program and medications. An adverse determination was received on 10/3/14 for a lack of documented chondromalacia or osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc for Viscosupplementation Injections to the left knee, Quantity: 3 Injections:
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 Chapter

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) Viscosupplementations

Decision rationale: CA MTUS does not address this issue. ODG indications for viscosupplementation injections include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). However there is a lack of documentation indicating that the patient suffered from osteoarthritis of the left knee. In addition, the Guidelines stated that viscosupplementation injections have no indications for patellofemoral syndrome or chondromalacia of the patella. Therefore, the request for Orthovisc for Viscosupplementation Injections to the left knee, Quantity: 3 Injections is not medically necessary.