

Case Number:	CM14-0178753		
Date Assigned:	11/03/2014	Date of Injury:	12/22/2008
Decision Date:	10/13/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 54 year old male who reported an industrial injury on 12-22-2008. His diagnoses, and or impression, were noted to include: chronic pain; chondromalacia of patella; and pain in joint of lower leg. Recent magnetic imaging studies of the left knee were done on 4-3-2014, noting a complex tear and grade 4 chondromalacia of patella. His treatments were noted to include: physical therapy for the left knee; consultations; home exercise; and medication management. The progress notes of 9-15-2014 reported an established-follow-up visit for the review of information and medical records; which were scanned into the chart. The objective findings were noted to include a largely unchanged examination from the previous examination, and the demonstration of an audible click on the lower leg extension and internal and external rotation. The physician's requests for treatments were noted to include. No Request for Authorization for this service was noted in the medical records provided. The Utilization Review of 9-23-2014 non-certified the request for Orthovisc left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Guidelines 11th Edition (Web) 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in December 2008 and is being treated for left knee pain. An MRI of the left knee in April showed a meniscal tear with lateral femoral and tibial chondromalacia and a moderate joint effusion. When seen, there was left knee joint line tenderness with a joint effusion. There was an antalgic gait and decreased knee extension. Naprosyn and tramadol ER were prescribed and he was referred for physical therapy. An Orthovisc injection was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months as well as a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, the claimant was referred for physical therapy and oral medications were prescribed. Failure of conservative treatment as well as failure of a corticosteroid injection is not documented. The requested injection is not medically necessary.