

Case Number:	CM14-0204609		
Date Assigned:	12/16/2014	Date of Injury:	11/09/2010
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 11/9/10. A utilization review determination dated 11/19/14 recommends non-certification/modification of Orthovisc injections. 10/28/14 medical report identifies left knee pain. Patient has been doing some therapy and exercise but "it does not sound like he has been terribly committed to it." On exam, there is tenderness over the patellar insertion distally on the patella and lateral joint line with trace to small effusion and weak quad tone. Assessment was "left knee, rule out lateral meniscus tear." Recommendations included MRI to rule out any internal derangement. 11/6/14 MRI report noted chondromalacia patella and extensor mechanism stress change/tendinopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2010 3rd Edition, Knee injections, Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

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

Decision rationale: Regarding the request for Orthovisc, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of clinical and imaging findings consistent with severe osteoarthritis of the knee and pain that interferes with functional activities not attributed to other forms of joint disease. In the absence of such documentation, the currently requested Orthovisc is not medically necessary.