

Case Number:	CM14-0211852		
Date Assigned:	12/24/2014	Date of Injury:	03/03/2014
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 48-year-old male with date of injury of 03/03/2014. The listed diagnoses from 11/24/2014 are: 1. Status post right knee arthroscopy from 07/02/2014.2. Degenerative joint disease, right knee. According to this report, the patient complains of right knee, right ankle, and low back pain. He rates his pain 3/10 to 5/10. The patient is status post arthroscopic surgery, debridement of the medial femoral condyle, and removal of loose body from 07/02/2014. Examination of the knee shows a 1+ effusion without erythema. There is tenderness to palpation along the medial joint line and medial collateral ligament. The MRI of the right knee from 04/09/2014 shows: 1. There is a 1 cm focus of osteochondritis involving the weight-bearing surface of the medial femoral condyle. There is moderate degenerative arthropathy involving the medial femoral tibial joint compartment with full thickness chondral attrition, marginal enthesopathy and subchondral resorptive cystic change beneath medial tibial spine.2. There is trace increase in joint fluid over the usual physiologic amount within associated 2 cm Baker's cyst.3. The intrinsic ligaments and menisci of the knee are intact. The patient has utilized surgery, postoperative physical therapy, and medications with minimal benefit. Treatment reports from 03/05/2014 to 11/24/2014 were provided for review. The utilization review denied the request on 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc Injections to the Right Knee: Overturned

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

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 on hyaluronic acid injection.

Decision rationale: This patient presents with right knee, right ankle, and low back pain. The treater is requesting 3 Orthovisc injections to the right knee. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Knee Chapter on hyaluronic acid injection states, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen) to potentially delay total knee replacement but in recent quality studies, the magnitude of improvement appears modest at best." The records do not show any previous Orthovisc injection to the right knee. The patient has utilized physical therapy, right knee surgery, and medications which provided minimal benefit. In this case, the patient does present with osteoarthritis of the right knee and the requested 3 Orthovisc injections are supported by the guidelines. The request is medically necessary.