

Case Number:	CM14-0214331		
Date Assigned:	01/07/2015	Date of Injury:	09/29/2008
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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 & 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 is a female patient with the date of injury of September 29, 2008. A Utilization Review dated December 9, 2014 recommended modification of outpatient Orthovisc injection times four (4) to the left knee to outpatient Orthovisc injection times one (1) to the left knee. An Office Note dated August 19, 2014 identifies History of arthritic left knee. She completed a series of Orthovisc injections on 6/16/2014. The patient reports that she did have some relief with Orthovisc. She notes that she still has moderate activity intolerance. Physical Exam identifies motion is 0 through 135 degrees. She does have significant medial joint line tenderness. There is slight patellofemoral crepitus. Assessment identifies left knee advancing medial compartment arthritis. Plan identifies repeat injections at six or more month intervals as long as she responds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection times 4 to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Repeat injections for symptomatic knee osteoarthritis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Orthovisc Injection times 4 to the left knee, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including physical therapy and steroid injections. Additionally, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of analgesic efficacy, objective functional improvement, or duration of effect. As such, the currently requested Orthovisc Injection times 4 to the left knee are not medically necessary.