

Case Number:	CM14-0215239		
Date Assigned:	02/03/2015	Date of Injury:	10/26/2009
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland

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

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 64 year old female injured worker suffered an industrial accident on 10/26/2009 while at work tripped over a plastic chair mat. The injured worker ultimately had a total hip replacement on 9/4/2014 after failed conservative treatments. The injured worker progressed through physical therapy, however, the left knee continued to worsen. She had a magnetic resonance imaging for the left knee on 11/10/2014. Per documentation the left knee MRI shows moderate chondral thinning and fissuring at the patellofemoral compartment most severely affecting the patella. The medial meniscus has intrasubstance degeneration with possible tear extension to the inferior articulating margin. The provider visit on 12/08/2014 described the left knee to have persistent tenderness and mild effusion along with recommendation of a series of Orthovisc injections x 4 to treat the provider's diagnosis of exacerbation of patellofemoral osteoarthritis in lieu of arthroscopic interventions. The UR decision on 12/16/2014 denied the request as there was no documentation of aspiration/injections of intrarticular steroid injections, no documentation of prior conservative therapies and no documentation of severe symptomatic osteoarthritis. There is a 1/7/15 document stating that the patient's left knee received no relief status post cortisone injection on 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections to the left knee under ultrasound guidance, quantity 4: 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) Hyalurnoic 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 and Leg Chapter

Decision rationale: Orthovisc injections to the left knee under ultrasound guidance, quantity 4 is not medically necessary per the ODG guidelines. The MTUS does not specifically address hyaluronic acid injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore is not medically necessary.