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| Case Number: | CM14-0215932 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 02/01/1999 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/01/2014 |
| 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: Texas, California

Certification(s)/Specialty: Family Practice

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 51 years old female patient who sustained an injury on 2/1/1999. She sustained the injury due to repetitive tasks. The current diagnosis includes right knee medial meniscus tear with chondromalacia. Per the doctor's note dated 11/7/2014, she had complaints of right knee pain, swelling, griding and instability. The physical examination of the right knee revealed moderate effusion, tenderness over the medial and lateral joint line, crepitus and pain with motion, positive Mc Murray and Apley's test and range of motion- flexion 110 and extension 0 degree. The medications list includes gabapentin, senna, docusate, wellbutrin, nexium, xolido cream, cyclobenzaprine and butrans patch. She has had right knee MRI which revealed chondromalacia and degenerative changes of medial compartment and patella and medial meniscus tear; EMG dated 4/8/14 and NCS dated 3/7/14. She has undergone bilateral shoulder surgery. She has had TENS unit and home exercise for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Knee & Leg (updated 02/05/15), Hyaluronic acid injections

Decision rationale: Per the ODG Guidelines “Criteria for Hyaluronic acid or Hylan: A series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan, or one of Synvisc-One hylan) in the target knee with an interval of one week between injections. (Huskin, 2008) (Zietz, 2008) (Wobig, 1999) (Raman, 2008) Indicated for patients who: “Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications).” Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement. (Wen, 2000). Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. Evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Furthermore, documentation of lack of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts(like physical therapy) was not provided in the medical records submitted. Any intolerance to standard pharmacologic treatments is not specified in the records provided. The medical necessity of Orthovisc injections x 3 is not fully established in this patient at this time.