

Case Number:	CM15-0129669		
Date Assigned:	07/16/2015	Date of Injury:	02/12/2014
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

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:

The injured worker is a 53 year-old male who sustained an industrial injury on 02/12/14. He reported right knee pain. Diagnosis is left knee patellofemoral chondral injury, and osteoarthritis of the right knee. Diagnostic testing and treatments to date have included MRI, physical therapy, home exercise, and right knee injection. Currently, the injured worker reports 80 percent resolution of right knee pain after injection treatment. Physical examination is remarkable for patellofemoral joint line tenderness with positive grinding and inhibition tests; there is trace effusion. Requested treatments include Orthovisc injection ultrasound guided: x4 (right knee). The injured worker's work status is to return to full duty 06/01/15. Date of Utilization Review: 06/03/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection ultrasound guided: x4 (right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in February 2014 and is being treated for knee pain. When seen, there had been an 80 percent improvement after a corticosteroid injection. He was no longer having pain or aching with weight-bearing. He had completed physical therapy. He was not taking any oral medications. Physical examination findings included medial joint line tenderness and mild patellofemoral tenderness with positive grind and inhibition testing. An MRI of the knee in May 2015 showed findings of chondromalacia. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic 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 a failure to adequately respond to aspiration and injection of intra-articular steroids. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings of chondromalacia and had significant improvement after a corticosteroid injection. He no longer requires any oral medications. The requested series of injections is not medically necessary.