

Case Number:	CM15-0043794		
Date Assigned:	03/13/2015	Date of Injury:	05/01/2013
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 injured worker is a 37 year-old female who sustained an industrial injury on 5/1/13 and is status post left knee arthroscopy on 10/10/13. Treatments to date include oral medications, TENS unit and physical therapy. The records indicate an MRI of left knee was performed on 1/2/15. A primary treating physician report dated 1/3/15 indicates the injured worker complains of left knee pain (9/10) and compensatory right knee pain (5/10). Current medications decrease the pain and result in improved function, greater level of activity and range of motion. Objective findings reveal left knee tenderness and swelling, diffuse right knee tenderness, tenderness of left medial greater than lateral ankle and decreased spasm of calf musculature. The treatment plan includes a request for additional physical therapy and continuation of Tramadol, Naproxen, Cyclobenzaprine and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial series-of-three orthovisc right knee: 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), Knee & Leg Chapter.

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

Decision rationale: Orthovisc is the viscosupplement hyaluronic acid. It is 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. Criteria include severe osteoarthritis and interference of functional activities due to pain. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Orthovisc is indicated when the patient has been diagnosed with severe osteoarthritis. In this case there is no documentation that the patient is suffering from severe osteoarthritis. Orthovisc injections are not indicated. The request is not medically necessary.