

Case Number:	CM15-0064550		
Date Assigned:	04/10/2015	Date of Injury:	04/25/2011
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: Illinois, California, Texas Certification(s)/Specialty: Orthopedic Surgery

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 57-year-old male who sustained an industrial injury on 4/25/11, relative to a motor vehicle accident. Injuries were reported to the cervical, thoracic and lumbar spine, both shoulders, and both knees. The 12/31/14 treating physician report cited bilateral knee pain and grinding that increased with prolonged standing and walking. He was unable to run. Conservative treatment had included physical therapy, anti-inflammatory medications, and a cortisone injection to the left knee. The patient continued to be symptomatic with functional limitations despite conservative treatment. Radiographs of the knees demonstrated significant narrowing of the patellofemoral compartment with spurring of the patella and lateral patella tilt bilaterally. The joint spaces of the medial and lateral compartments were slightly narrowed. MRI studies of both knees and Euflexxa injections were requested. The 2/20/15 left knee MRI impression documented a large amount of marrow edema in the superior patella associated with superior patellar apex and lateral patellar facet cartilage effacement, with associated focal cartilage effacement and subchondral marrow edema in the articular anterior portion of the lateral femoral condyle. Findings were consistent with osteoarthritis involving the patellofemoral joint. The 2/27/15 treating physician report cited bilateral knee pain, left greater than right. There was occasional buckling of the left knee. Left knee exam documented positive patellofemoral pain, positive crepitus, range of motion 0-130 degrees, and quadriceps strength 5/5. The treatment plan requested Orthovisc x 3 to the left knee for degenerative joint disease. The 3/16/15 utilization review non-certified the request for three Orthovisc injections to the left knee as there were no imaging studies provided that documented findings consistent with osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 orthovisc injections to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

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, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for Orthovisc injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who 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 (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. Criteria include documented symptomatic severe osteoarthritis of the knee, which may include the bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. Additional indications include pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and failure to adequately respond to aspiration and injection of intra-articular steroids. Guidelines support 3 to 4 injections of Orthovisc. Guideline criteria have not been met. This injured worker presents with left knee pain and grinding that is functionally limiting in prolonged standing and walking. Clinical exam findings are consistent with imaging evidence of significant patellofemoral osteoarthritis in particular. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including cortisone injection, and failure has not been submitted. Therefore, this request is not medically necessary.