

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	12/6/2005
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003649

- 1) MAXIMUS Federal Services, Inc. has determined the request for Orthovisc/Viscoelastic Injection to the left knee three times **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Orthovisc/Viscoelastic Injection to the left knee three times **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The employee is a 39-year-old male who reported an injury on 12/06/2005. Agreed Medical Examination on 11/17/2010 reported that the employee had a treatment history significant for fusion at C6-7, lumbar decompression L2-S1, right knee partial medial meniscectomy, status post right knee infection, left knee early chondromalacia patella, obesity, and hypertension. The employee was also noted to have undergone left shoulder surgery in 02/2010. The employee complained of right knee and left shoulder pain. Physical examination of the left knee revealed pain with patellofemoral compression. The employee had full range of motion and negative McMurray's. The employee was noted to have a 6% whole person impairment rating as it related to the left shoulder. X-ray of the left knee was completed on 07/28/2011, which revealed slight narrowing of the medial compartment with minimal marginal spurring. The employee also had small spurs along the superior and inferior poles of the patellofemoral compartment. Clinical note from Dr. [REDACTED] on 07/12/2012 reported that the employee had been seen by Dr. [REDACTED] on 05/08/2012 and recommended for a series of 3 Orthovisc injections. The employee was given an 80% whole person impairment rating. Utilization review on 07/05/2013 reported request for 3 left knee Orthovisc injections was non-certified due to lack of updated records indicating response to corticosteroid injections and provided on 06/11/2013.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Orthovisc/Viscoelastic Injection to the left knee three times :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee Chapter, not part of the MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Online Edition Criteria for Hyaluronic acid injections.

Rationale for the Decision:

Official Disability Guidelines state that orthovisc injections are recommended for patients experiencing significantly symptomatic osteoarthritis, who have not adequately responded to conservative treatment. The documentation available for review does not contain updated clinical notes reporting the employee's efficacy of recent injections. The records reviewed lack a recent comprehensive physical examination and/or imaging to support the need for viscosupplementation injections. Furthermore, the records do not document recent conservative treatment. The request for Orthovisc/Viscoelastic injection to the left knee **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.