

Case Number:	CM13-0005775		
Date Assigned:	06/06/2014	Date of Injury:	09/12/2011
Decision Date:	07/24/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with date of injury 9/12/2011. Per primary treating physician's progress report request for authorization dated 7/16/2013, the injured worker complains of ongoing discomfort in her left knee. She presents requesting an injection in the left knee due to her upcoming family vacation. She states she is having increased knee discomfort. She also complains of swelling throughout her left lower extremity involving the ankle and foot. On exam she continues to walk with an altered gait favoring the left lower extremity. She has a 1+ effusion of the knee. There is tenderness to palpation of the patellofemoral and medial joint line. There is crepitus with range of motion. Pain with McMurrays is still present. There is pain with patellar compression. Examination of the left lower extremity reveals pitting edema when compared to the right. She has pain with gastroc squeeze. Diagnoses include 1) status post left knee arthroscopy 4/26/2012 2) chronic and persistent left knee pain 3) left lower extremity edema with pain with gastroc squeeze, rule out DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 ORTHOVISC INJECTIONS FOR THE LEFT 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.

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

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections is beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. The request for 4 Orthovisc injections of the left knee is determined to be not medically necessary.