

Case Number:	CM13-0013200		
Date Assigned:	12/18/2013	Date of Injury:	04/24/2013
Decision Date:	02/28/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This claimant sustained a left knee injury on 04/24/13. She has been treated conservatively with therapy, modified duties at work and medications. X-rays were obtained as well as an MRI. The latter demonstrated medial compartment osteoarthritis and a medial meniscal tear. She underwent a series of Orthovisc injections in October and November of 2013. The notes provided for review documented no significant benefit from the Orthovisc injections as stated in the note provided date 11/26/13. Surgery was recommended and scheduled to address the medial meniscal tear. Additional Orthovisc injections have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for three 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 (ODG), Knee Chapter.

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

Decision rationale: Authorization for the Orthovisc injections would not be considered medically appropriate based on the Official Disability Guidelines and review of the records

provided in this case. MTUS Guidelines do not address this issue. Official Disability Guidelines specifically state that chronic injections can be performed for patients who have knee arthritis and want to delay a total knee replacement. Repeat injections are only indicated if there is documented significant improvement in symptoms for six months or more. In this case, this claimant stated that Orthovisc injections do not help her at all. Therefore, additional Orthovisc injections cannot be certified.