MAXIMUS Federal Services

Case Number:	CM13-0014205		
Date Assigned:	06/06/2014	Date of Injury:	03/25/2012
Decision Date:	07/11/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 59 year old male who was employed as a nursing attendant who reported an injury on 03/25/2012. The nature or mechanism of the injury are not found in the chart. He was diagnosed with a left knee medial meniscus tear and a right distal femur inter-condylar closed fracture with minimal displacement. On 04/18/2012 he underwent an ORIF of the right distal femur inter-condylar closed fracture and on 05/22/2013, a left knee arthroscopy with medial meniscectomy and resection of medial plica. The impressions of an MRI of the right lower extremity on 03/01/2013 were intrasubstance degenerative changes within the medial and lateral menisci without discreet surface tear and minimal chondral thinning within the medial and patella-femoral compartments with no high-grade chondral defect. His final orthopedic report of 07/23/2013 included diagnoses of right knee pain with mechanical symptoms with early patella-femoral arthritis and status post left knee arthroscopy, medial meniscectomy and resection of medial plica. There was no request for authorization or rationale attached to the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

SET OF ORTHOVISC INJECTIONS FOR EACH KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, subheading criteria for hyaluronic acid injections.

Decision rationale: The request for set of Orthovisc injections for each knee is non-certified. The injured worker reported an injury of unknown nature or mechanism on 03/25/2012. He was diagnosed with a left knee medial meniscus tear and a right distal femur inter-condylar closed fracture with minimal displacement. He underwent surgery for the fracture on 04/18/2012 and left knee arthroscopy on 05/22/2013. His orthopedic diagnoses on 07/23/2013 included right knee pain with mechanical symptoms with early patella-femoral arthritis and status post left knee arthroscopy. Official Disability Guidelines recommend hyaluronic acid injections for significantly symptomatic osteoarthritis who have not responded to exercise and medications. They are not recommended for other indications including patella-femoral arthritis. Additionally, the request did not specify dosage nor time frame for injections. Therefore the request for set of Orthovisc injections for each knee is non-certified.