

Case Number:	CM13-0014301		
Date Assigned:	12/11/2013	Date of Injury:	02/28/2003
Decision Date:	02/10/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/20/2013

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 Internal Medicine, and is licensed to practice in Florida. 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 patient is a 64 year-old with a date of injury of 02/28/03. The mechanism of injury is identified as stepping into a sinkhole while walking. He has been followed since the injury by [REDACTED] who identifies subjective complaints of left knee pain. Objective findings included patellar crepitus and decreased range-of-motion. X-rays have revealed patellofemoral arthritis. Treatment has included physical therapy, acupuncture and oral analgesics. Treatment now recommended is injection of orthovisc. A Utilization Review determination was rendered on 07/26/13 recommending non-certification of "Orthovisc series left knee; 3 injections".

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc series in the left knee, 3 injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology Criteria for Knee Pain.

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 Section.

Decision rationale: The Physician Reviewer's decision rationale: The current request is for Orthovisc injections for therapy of patellofemoral arthritis of the knee. The Chronic Pain Medical Treatment Guidelines do not address viscosupplementation (hyaluronic acid injections). The Official Disability Guidelines note that hyaluronic acid injections are not indicated for patellofemoral arthritis. Related to osteoarthritis of the knee, it further states: "...in recent quality studies the magnitude of improvement appears modest at best." The request for Orthovisc series in the left knee, 3 injections, is not medically necessary or appropriate.