

Case Number:	CM13-0017454		
Date Assigned:	09/26/2013	Date of Injury:	10/02/2012
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

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 is a 38-year-old gentleman who was injured in a work-related accident, October 1, 2012. The clinical review in regard to the claimant's right knee in this case indicates a recent MRI report of August 1, 2013 of the right knee showing evidence of prior partial medial meniscectomy with minimal blunting of the lateral meniscus, minimal chondral thinning of the medial compartment, a small joint effusion, and mild patellar tendinosis. The claimant's most recent clinical progress report of October 22, 2013 with treating surgeon, [REDACTED], indicated followup of right knee arthroscopy, for which surgery took place March 25, 2013. The claimant continues to have ongoing mechanical symptoms despite conservative care including physical therapy, home exercise, and medications in the postoperative setting. The symptoms continue to be localized medially. The physical examination showed 4/5 strength with 5 to 120 degrees range of motion, normal tracking patella, a positive medial McMurray's test, and mild atrophy. The claimant's operative report indicates "Articular surfaces were intact" with no documentation of underlying arthritis. Postoperative treatment did not include a prior injection. At present, there is a request for viscosupplementation injections to the claimant's right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection to the right knee once a week for four weeks: 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 18th Edition, 2013 Updates: Knee procedures.

Decision rationale: California ACOEM and MTUS guidelines are silent. When looking at ODG criteria, viscosupplementation injections to the claimant's right knee would not be indicated. Review of the claimant's recent MRI scan as well as operative report failed to demonstrate any degree of cartilage irregularity to the knee. The operative report specifically stated, "Articular cartilage is intact," but no documented degenerative findings. Furthermore, the claimant has not had conservative care in the form of corticosteroid injection documented since the time of operative procedure. The lack of clinical documentation of arthritic findings to the weightbearing surfaces of the knee or conservative measures would fail to necessitate the role of viscosupplementation injections, a modality that is specific for arthrosis of the knee. The request for Orthovisc injections is not medically necessary and appropriate.