

Case Number:	CM13-0019863		
Date Assigned:	06/06/2014	Date of Injury:	08/25/2000
Decision Date:	08/29/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 25, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; both left and right knee surgeries; unspecified amounts of chiropractic manipulative therapy; and earlier knee corticosteroid injections. In a Utilization Review Report dated June 14, 2013, the claims administrator denied a request for three Orthovisc (viscosupplementation) injections to the right knee. The claims administrator did not incorporate any guidelines into its rationale. The claims administrator stated that further documentation was needed to justify viscosupplementation injections to the left knee. Somewhat incongruously, then, the claims administrator stated that the applicant had grade II arthritic changes of the same. The claims administrator listed non-MTUS Third Edition ACOEM Guidelines at the bottom of its report but did not incorporate these guidelines into its rationale. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) ORTHOVISC INJECTIONS FOR THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

[HTTPS://WWW.ACOEMPRACTGUIDES.ORG/KNEE](https://www.acoemppracguides.org/knee); TABLE 2, SUMMARY OF RECOMMENDATIONS, KNEE DISORDERS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Knee Chapter, viscosupplementation injections are indicated in the treatment of knee arthritis. In this case, the applicant apparently has clinically evident, radiographically corroborated knee arthritis at age 61, following earlier right and left knee surgeries. The applicant's knee arthritis has apparently proven refractory to time, medications, earlier arthroscopies, NSAIDs, and corticosteroid injection therapy. A trial of Orthovisc Injections are therefore indicated. The request for Orthovisc Injections is medically necessary.