

Case Number:	CM13-0031829		
Date Assigned:	12/04/2013	Date of Injury:	06/07/2010
Decision Date:	02/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/04/2013

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:

The claimant is a 59-year-old female who sustained an injury to the right knee in a work related accident on June 7, 2010. Specific to the right knee, records documented a September 9, 2013 assessment by [REDACTED] indicating ongoing complaints of right knee pain due to "over compensation" from a prior left total knee arthroplasty. Physical examination of the right knee showed tenderness to palpation, 2 to 120 degrees range of motion and no other documented findings. Clinical imaging was not documented at that time. The claimant's left total knee arthroplasty took place on September 10, 2012. Review of radiographs of the right knee from May 1, 2013 showed degenerative joint space medially with a varus deformity. Recent conservative care in regards to the right knee was not documented. At present there is a request for a series of three viscosupplementation injections to be performed under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED ORTHOVISC INJECTION x 3 RIGHT 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 and leg

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- knee procedure

Decision rationale: The CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the request for three viscosupplementation injections to be performed under fluoroscopic guidance in this case would not be indicated. Records do not indicate recent corticosteroid injection which would be supported by ODG Guideline criteria prior to proceeding with the viscosupplementation procedure. Furthermore, Official Disability Guideline criteria specifically states that the procedure should be "generally performed without fluoroscopic or ultrasound guidance". There is no documentation within the records for review to support the need for ultrasound guidance in this individual. The specific request in this case would not be supported as medically necessary.