

Case Number:	CM13-0033960		
Date Assigned:	12/11/2013	Date of Injury:	11/09/2009
Decision Date:	03/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pennsylvania. 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 records indicate the claimant is a 37-year-old female with a history of left knee pain and reported previous date of injury of 11/09/09. The records indicate the claimant underwent a previous arthroscopic partial meniscectomy and limited synovectomy. The claimant did not have osteoarthritis, and the operative record indicates specifically that "articular surfaces were intact." In addition, an MRI of the left knee performed in September 2013 did not show evidence of arthritis. Viscosupplementation has been requested for activity related pain complaints despite the lack of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 4 Orthovisc injections 1 x week x 4 weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Knee Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Hyaluronic acid injections.

Decision rationale: Viscosupplementation cannot be recommended for this relatively young claimant without osteoarthritis. Viscosupplementation is specifically a treatment for patients with

osteoarthritis that have failed other conservative treatment. The Official Disability Guidelines do not recommend viscosupplementation for treatment of other conditions apart from osteoarthritis. The rationale for this request is unclear given the lack of arthritis by either radiological imaging or direct visualization at the time of prior arthroscopy. The request is not medically necessary and appropriate.