

Case Number:	CM13-0035958		
Date Assigned:	12/13/2013	Date of Injury:	10/01/1992
Decision Date:	01/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 68-year-old gentleman who was injury in a work related accident on October 1, 1992. Records specific to the claimant's left knee include recent clinical report of August 16, 2013 indicating ongoing complaints of pain about the right knee stating he is having "pretty good" relief from Orthovisc injections. Physical examination findings to the left knee are not noted. He was noted at that time to be with complaints of left knee pain and based on his response to previous right knee injections, a series of left knee Orthovisc injections were recommended. It states he has previously had Orthovisc injections to the left knee with "benefit". Previous records for review fail to document when the claimant's last series of injectables took place and also fail to demonstrate any imaging findings or prior arthroscopy findings to support or refute the claimant's current diagnosis of osteoarthritis. Prior treatment to the left knee is also not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Orthovisc injections into the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus Online, Knee Disorders Chapter, Knee Pain Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Knee Procedures Section.

Decision rationale: The Physician Reviewer's decision rationale: Based on Official Disability Guidelines, continued series of Orthovisc injections would not be indicated. While the claimant was noted to show a response in the past, documentation of when the injections took place or complete timeframe of response is not noted. Furthermore, the claimant's diagnosis of osteoarthritic changes to the knee is not supported by any formal imaging or prior arthroscopic evaluation findings. The lack of a clinical diagnosis of osteoarthritis to the knee and formal demonstration of timeframe of relief from injections and period of time when prior injections took place would fail to necessitate a repeat series at this time. The request for three Orthovisc injections into the left knee is not medically necessary or reasonable.