

Case Number:	CM13-0040493		
Date Assigned:	12/20/2013	Date of Injury:	06/27/2011
Decision Date:	05/15/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 61-year-old male who reported an injury on 6/27/11 after a fall down a set of stairs; this caused injury to the left side of his body. The injured worker's treatment history included multiple medications, physical therapy, water aerobics, activity modifications, knee braces, and assisted ambulation. The injured worker ultimately underwent left knee total arthroplasty. The injured worker was evaluated on 9/26/13. It was noted that the injured worker had improvement in knee pain and mobility secondary to surgical intervention and physical therapy. Evaluation of the right knee indicated that the injured worker had restricted range of motion 0 degrees to 135 degrees with no evidence of subpatellar crepitus, motor strength weakness, or significant pain complaints. The injured worker's diagnoses included morbid obesity, knee joint contracture, abnormality of gait, degenerative knee osteoarthritis, and knee joint replacement. A treatment recommendation was made for right knee Orthovisc injection series with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE RIGHT KNEE ORTOVISC INJECTIONS WITH ULTRASOUND GUIDANCE AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, HYALURONIC ACID INJECTIONS

Decision rationale: The clinical documentation indicates that the injured worker does have some deficits and pain complaints of the right knee. However, evidence of severe osteoarthritis was not provided. The California MTUS does not address these types of injections. The Official Disability Guidelines recommend Orthovisc supplementation injections for injured workers who have severe osteoarthritis pain and physical limitations evidenced on physical examination. The injured worker's clinical documentation did not provide an imaging study that supported severe osteoarthritis of the right knee. The Official Disability Guidelines also recommend these types of injections after all other lower levels of conservative treatment have been exhausted. There is no documentation that the injured worker has undergone regular corticosteroid injections. Therefore, the need for Synvisc injections at this time is not supported. As such, the requested right knee Orthovisc injections are not medically necessary or appropriate.