

Case Number:	CM13-0047656		
Date Assigned:	12/27/2013	Date of Injury:	04/02/1999
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Medicine, 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 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 claimant is a 71-year-old injured in a work-related accident on April 22, 1999. A September 27, 2013, progress report indicates continued complaints of both left shoulder and right knee pain. The record notes that a prior series of viscosupplementation injections "helped a lot," according to the claimant. The claimant, however, describes continued medial-sided right knee pain with a flexion contracture of 110 degrees, negative McMurray testing and positive medial joint line tenderness. The claimant was diagnosed with degenerative arthritis in the right knee. It is also noted in the records that the claimant underwent a right knee arthroscopy and chondroplasty in May 2009. There was noted to be evidence of advanced medial compartment arthrosis at that time. This request is for a repeat series of viscosupplementation injections in the right knee for further definitive care. It is unclear when the previous series of injections occurred, but the records note that they were beneficial for greater than six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTIONS TO THE RIGHT KNEE QTY: 3.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--: KNEE PROCEDURE

Decision rationale: California MTUS guidelines do not apply in this case. The Official Disability Guidelines support the role of visco-supplementation injections to the right knee in this case. Six months of benefit with previous visco-supplementation injections is documented in the claimant's records. At present, the claimant continues to be symptomatic, and advanced degenerative arthritis is documented. The request for three injections to the right knee is medically necessary and appropriate.

ORTHOVISIC FOR INJECTIONS QTY: 3.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedures Chapter.

Decision rationale: California MTUS guidelines do not apply in this case. The Official Disability Guidelines support the role of visco-supplementation injections to the right knee in this case. Six months of benefit with previous visco-supplementation injections is documented in the claimant's records. At present, the claimant continues to be symptomatic, and advanced degenerative arthritis is documented. The request for orthovisic for injections, quantity of three, is medically necessary and appropriate.