

Case Number:	CM13-0056297		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2012
Decision Date:	06/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 records reviewed reported an injury dating back to April 2012 to include a surgical intervention of a partial medial and lateral meniscectomy. A chondroplasty was reported. A contralateral knee surgery was completed in August of 2013, and a similar procedure was completed. A significant chondromalacia is identified. Steroid injections were performed. Range of motion is noted to be slightly decreased with associative crepitation. Viscosupplementation injections for the left knee were certified. These were completed in late 2013. An MRI dated January of 2013 noted thinning of the articular cartilage of the lateral patellar facet, joint space narrowing and degenerative changes in the medial compartment. The right knee was noted to be doing quite well after the surgical intervention. Range of motion of both of these was noted to be 125° of flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT KNEE ORTHOVISC INJECTION, ONE TIME PER WEEK FOR FOUR WEEKS: 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 Chapter.

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

Decision rationale: When noting the lack of efficacy relative to the viscosupplementation injections in the left knee, the range of motion to both knees is essentially equal and there are similar findings, as well as similar surgeries having been completed, there is no data presented to support the efficacy of such an intervention. The request for a right knee orthovisc injection, one time per week for four weeks, is not medically necessary or appropriate.