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| Case Number: | CM13-0058654 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/01/2008 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 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 patient is a 58-year-old individual who was injured in a work related accident on October 1, 2008. The records provided for review included a follow up report on October 31, 2013 that indicated the patient underwent a series of visco-supplementation injections in April 2013 for a current diagnosis of internal derangement to the knee with osteoarthritis. A repeat series of injections were recommended at that time. A prior follow-up report dated September 14, 2013 described a 9/10 VAS pain score related to knee pain aggravated with activity. There was no formal documentation of treatment for the knee on that date. A prior follow-up assessment on June 11, 2013 noted continued right knee pain, status post arthroscopy with examination showing 0 to 120 degrees range of motion, tenderness to palpation and continued pain related complaints. This review is to determine the medical necessity for the repeat series of viscosupplementation injections to the patient's right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS FOR THE RIGHT KNEE #3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE-HYALURONIC ACID INJECTIONS

Decision rationale: The CA MTUS and ACOEM Guidelines do not address visco-supplementation. Based on Official Disability Guidelines, the request for repeat visco-supplementation injections to the right knee would not be indicated. While it is noted the patient previously underwent injections in April of 2013, the clinical follow-up reports of June 2013 and September 2013 did not document any significant benefit and specifically identify a VAS pain score scale of 9/10 to for the patient's right knee. Official Disability Guidelines recommend repeating the series of injections if six months of quality benefit based on improved pain score scale measures and increased activities are noted. The absence of the documentation of improvement as a result of the April 2013 series of injection would fail to necessitate repeating the visco-supplementation injections. Therefore, the request is not medically necessary.