

Case Number:	CM13-0069166		
Date Assigned:	01/03/2014	Date of Injury:	04/30/2008
Decision Date:	04/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 Texas. 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 54-year-old female who reported a work-related injury on 04/30/2008. The patient is status post left knee arthroscopic partial lateral meniscectomy on 04/28/2009. The patient's diagnoses include degenerative joint disease of knee, neck sprain/strain, and right shoulder and arm sprain/strain. The patient has complaints of neck pain, right shoulder pain and right knee pain. Recent clinical documentation stated the patient's last series of 3 Orthovisc injections were completed in 02/2013 and provided the patient improvement in physical activity. Physical exam of the right knee revealed decreased painful range of motion of 70%, crepitus and tenderness to palpation. A request has been made for decision for right knee Orthovisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SERIES OF THREE ORTHOVISC INJECTIONS FOR THE RIGHT KNEE: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections

Decision rationale: Official Disability Guidelines criteria for hyaluronic acid injections include symptomatic osteoarthritis that has not responded adequately to recommended conservative non-

pharmacologic and pharmacologic treatments, documented symptomatic severe osteoarthritis of the knee to include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium and over 50 years of age, and pain interferes with functional activities. There was no documentation stating the patient failed to respond to appropriate pharmacological and non-pharmacological treatment. It was noted in the submitted documentation that the patient had received conservative treatment; however, there was no documentation of these treatments for the patient. It was unclear whether the patient had tried and failed a recent course of physical therapy or home exercise prior to the request for Orthovisc injections. There was also no evidence given the patient's pain interfered with functional activities to include ambulation of prolonged standing per guideline criteria for hyaluronic acid injections. Therefore, the request for right knee Orthovisc times 3 is non-certified.