

Case Number:	CM13-0071434		
Date Assigned:	01/17/2014	Date of Injury:	01/18/2013
Decision Date:	06/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 36-year-old male with a 1/18/13 date of injury. At the time (11/25/13) of request for authorization for Orthovisc series to the left knee-1 injection per week for 3 weeks, there is documentation of subjective (left knee pain) and objective (range of motion 0-130 degrees; positive crepitus; tenderness to palpation over the lateral, medial, and patellofemoral joint; positive McMurray's; 4/5 strength; and painful range of motion) findings, current diagnoses (left knee internal derangement, rule out meniscal tear, and history of right leg weakness post polio), and treatment to date (previous injection that helped with pain and swelling (injection done on 10/9/13)).

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC SERIES TO THE LEFT KNEE-1 INJECTION PER WEEK FOR 3 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).

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of pain relief for 6-9 months and recurrence of symptoms, as criteria necessary to support the medical necessity of a repeat series of viscosupplementation injections. Additionally, ODG supports no more than 3 series of injections over a 5-year period. Within the medical information available for review, there is documentation of diagnoses of left knee internal derangement, rule out meniscal tear, and history of right leg weakness post polio. In addition, there is documentation of injection that helped with pain and swelling (injection done on 10/9/13). However, despite documentation that injection helped with pain and swelling, there is no documentation of pain relief for 6-9 months following previous injection.