

Case Number:	CM14-0002842		
Date Assigned:	01/29/2014	Date of Injury:	02/16/2010
Decision Date:	06/19/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 Surgeon and is licensed to practice in Maryland. 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 injured worker is a 51-year-old male who sustained an injury to his right knee on 02/16/10 while walking, he misstepped going around a [REDACTED] work truck box, causing him to fall and hurt his right knee/hip. The injured worker was diagnosed with the right knee osteoarthritis and a left knee medial meniscus tear. The injured worker is status post right knee surgery times two. The injured worker has had conservative treatment to include physical therapy and aquatic therapy. The injured worker is status post right knee Orthovisc injections which provided approximately 60% relief for three months. The injured worker reported overall improvement since last visit secondary to injections. Physical examination noted right knee quadriceps atrophy; range of motion 5 to 130° with pain and crepitus; antalgic gait, as he favors right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ORTHOVISC INJECTIONS, TOTAL OF THREE (3) 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), Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter, Hyaluronic acid injections.

Decision rationale: The request for outpatient Orthovisc injections, total of three for the right knee is not medically necessary. The patient has been treated conservatively with minimal benefit in regards to the right knee. The injured worker did note 60% improvement for 3+ months following previous Orthovisc injections; however, the ODG states that if documented significant improvement in symptoms for six months or more and symptoms recur, it may be reasonable to do another series. Given that the injured worker only experienced 3+ months of documented relief following the previous series of Orthovisc injections, medical necessity of the request for outpatient Orthovisc injections, total of three for the right knee has not been established. Therefore, the request is not medically necessary.