

Case Number:	CM14-0004040		
Date Assigned:	02/05/2014	Date of Injury:	11/17/2010
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 67 year old female who reported an industrial related injury on November 17, 2010 to her left knee. The mechanism of injury is not stated. The clinical note dated 12/26/13 indicates the patient having previously undergone right sided Orthovisc injections in the past. The patient has responded appropriately and with positive findings following the previous injections in the right knee. The patient has developed left knee pain. Prolonged sitting and climbing stairs aggravate the patient's pain level. The patient is recommended for four Orthovisc injections at the left knee with ultrasound guidance. The procedure note dated 12/05/13 indicates the patient undergoing an Orthovisc injection at the right knee. The clinical note dated 11/27/13 indicates the patient continuing with right sided knee pain and swelling. The patient was also identified as undergoing Orthovisc injections at the right knee on 11/27/13 and 11/21/13. This request is for Orthovisc injections to the left knee. A prior utilization review dated December 27, 2013 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE INJECTION QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 CHAPTER, HYLAN INJECTIONS.

Decision rationale: Knee injections are indicated provided the patient meets specific criteria to include the patient having symptomatic severe osteoarthritis at the knee and there is a failure to respond to aspiration and intra-articular steroid injections and the patient has failed to respond appropriately to conservative non-pharmacologic and pharmacologic treatments. No information was submitted regarding the employee's confirmation of severe osteoarthritis at the left knee. No information was submitted regarding the employee's previous involvement with conservative therapies addressing the left knee complaints. Given these factors, this request is not indicated.

ULTRASOUND GUIDANCE FOR INJECTION QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

HYALURONAN FOR INJECTION QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary