

Case Number:	CM14-0101556		
Date Assigned:	07/30/2014	Date of Injury:	03/31/2004
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old individual was reportedly injured on 3/31/2004. The mechanism of injury is not listed. The most recent progress note, dated 5/8/2014, indicates that there are ongoing complaints of left knee pain. On 2/17/2014 the physical examination stated left knee crepitus in pain with range of motion. Mildly tender to palpation along the medial joint line. Diagnostic imaging studies include radiographs of the left knee dated 5/8/2014 which reveal osteoarthritis of patella femoral articulation, narrowing at the lateral compartment, tricompartmental osteoarthritis mostly patellofemorally. Previous treatment includes previous injections, medications, and conservative treatment a request had been made for Orthovisc injections and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Orthovisc Injections once/week X 3 Weeks Left 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 Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: ACOEM Guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to noninvasive treatments. Review of the available medical records, reveals the patient completed the last series of injections completed on 2/17/2014. According to guidelines these injections are authorized every 6 months, and this request is premature since the last injection was only 3 months previously. Therefore according guidelines this request is not medically necessary.