

Case Number:	CM14-0108758		
Date Assigned:	09/16/2014	Date of Injury:	11/01/2011
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 Surgery 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 55-year-old male with a 11/01/11 date of injury, and arthroscopic partial lateral meniscectomy in 2011. At the time (8/29/14) of Decision for right knee orthovisc injections, 1 per week for 3 weeks, there is documentation of subjective (right knee pain) and objective (tenderness over the medial right knee joint) findings, (X-ray right knee (5/30/14) report revealed small osteophytes at the patella, as well as medial and lateral joint line, with mild lateral joint space narrowing), current diagnoses (joint knee pain), and treatment to date (Medications, Cortisone injections, and Viscosupplementation injections). Medical report identifies significant pain relief, increased walking tolerance and motion of the knee, and reduced pain with sit to stand following previous Viscosupplementation injections. There is no documentation of improvement in symptoms for 6 months or more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee orthovisc injections, 1 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): Knee and Leg; 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, Hyaluronic acid injections

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of a diagnosis of joint knee pain. In addition, given documentation of significant pain relief, increased walking tolerance and motion of the knee, and reduced pain with sit to stand following previous Viscosupplementation injections, there is documentation of significant improvement in symptoms. However, given no documentation of the date of previous injection(s), there is no (clear) documentation of improvement in symptoms for 6 months or more. Furthermore, the request for Right knee orthovisc injections, 1 per week for 3 weeks exceeds the guidelines. Therefore, based on guidelines and a review of the evidence, the request for Right knee orthovisc injections, 1 per week for 3 weeks is not medically necessary.