

Case Number:	CM14-0013661		
Date Assigned:	02/26/2014	Date of Injury:	05/10/2012
Decision Date:	06/26/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Pennsylvania. 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 claimant is a 35-year-old female who injured her left knee in a work related accident on 05/10/12. A recent 02/03/14 Notice of Utilization Review Findings documented certification for a left knee arthroscopy with meniscal and cartilage repair, possible patellofemoral and lateral debridement with preoperative medical assessment to include laboratory testing. Specific to the claimant's certified surgery was a request for 14 days of use of a cryotherapy device in the postoperative setting. Specific to the claimant's right knee, the documentation notes a diagnosis of degenerative osteoarthritis with no formal imaging noted. The recent clinical assessment of 01/22/14 noted bilateral knee complaints. Examination of the right knee showed medial and lateral joint line tenderness with restricted range of motion. The report identifies prior conservative treatment to include knee bracing and physical therapy, but no indication of recent injections. There is also a request for right knee Orthovisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OR RENTAL FOR FOURTEEN (14) DAYS OF COLD THERAPY UNIT:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for use of a cryotherapy device for 14 days postoperatively would not be indicated. While the ACOEM Guidelines support the use of topical applications of cold therapy in the acute setting, the use of cryotherapy devices are typically not recommended beyond seven days of use following surgery. The request for 14 days of use in this individual would exceed the standard guideline recommendation and cannot be medically necessary.

SERIES OF THREE(3) ORTHOVISC INJECTIONS FOR THE RIGHT KNEE: 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) Treatment in Worker's Comp, 18th Edition, 2014 Updates: knee procedure Hyaluronic acid injections

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, a series of Orthovisc injections would not be indicated. The medical records document the claimant's diagnosis as degenerative osteoarthritis, but there is no current imaging of the claimant's right knee to confirm the diagnosis nor documentation of prior conservative care that has failed to improve the claimant's symptoms. Without documentation of prior injection therapy or documentation of imaging to confirm the diagnosis the request for a series of Orthovisc injections cannot be supported.