

Case Number:	CM14-0019243		
Date Assigned:	04/21/2014	Date of Injury:	08/27/2008
Decision Date:	07/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, 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:

This is a male patient with the date of injury of August 27, 2008. A utilization review determination dated February 11, 2014 recommends non-certification of Orthovisc injections left knee and x-rays 3 views bilateral knees. The previous reviewing physician recommended non-certification of Orthovisc injections left knee due to lack of documentation of guideline criteria for repeating Orthovisc injections left knee and non-certification of x-rays 3 views bilateral knees due to lack of documentation of the findings of prior plain films and a rationale for repeating films. A PR-2 report dated January 28, 2014 identifies a subjective complaint of flare up of left knee. Previous use of Orthovisc reportedly helped. Some pain was noted in the patient's right knee. Objective Findings identify positive TTP left knee and positive swelling/effusion of the left knee. Crepitus with range of motion left knee. Diagnoses identify left knee osteoarthritis industrial aggravation and right knee sprain/strain. Treatment Plan identifies x-rays bilateral knees 3 views with bilateral AP standing and repeat Orthovisc x4 injections left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS IN THE LEFT KNEE 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).

Decision rationale: The ODG recommends if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous Orthovisc injections and a flare up of symptoms. However, there is no documentation of significant improvement in symptoms for 6 months or more after the previous injections. In the absence of such documentation, the currently requested repeat Orthovisc injections in the left knee are not medically necessary.

X-RAYS WITH 3 VIEWS ON BILATERAL KNEES QTY: 1.00: 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.

Decision rationale: The Official Disability Guidelines state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears previous x-rays were obtained. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which more recent x-rays would be warranted. In the absence of such documentation, the currently request is not medically necessary.