

Case Number:	CM14-0112522		
Date Assigned:	08/01/2014	Date of Injury:	02/14/2012
Decision Date:	09/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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:

This is a 47-year-old female injured in a work-related accident on 02/14/12. Clinical records for review indicate an injury to the bilateral knees. The report of a 06/09/14 MRI of the right knee identified patellofemoral degenerative change with no evidence of medial or lateral compartment narrowing. For the diagnosis of right knee pain, the 06/23/14 request for authorization recommended Orthovisc injections. Subjective complaints at the time of that visit included pain to the right hip. Physical examination findings to the right knee showed pain over the patellofemoral facets with no appreciable swelling or instability. The claimant's recent MRI was reviewed at the visit and injections were recommended. There was no indication of previous conservative treatment to the knee including prior corticosteroid procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections; one (1) injection weekly for three (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/ Knee & Leg chapter - 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hyaluronic acid injections.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for Orthovisc injections would not be considered medically necessary or appropriate. The claimant's MRI scan shows isolated degenerative findings to the patellofemoral joint. According to the Official Disability Guidelines, Orthovisc injections are not recommended for isolated patellofemoral joint pathology. Furthermore, there is no indication of recent conservative care in this case including prior corticosteroid injections. Therefore, the medical records do not meet the guidelines for Orthovisc injections.