

Case Number:	CM14-0113092		
Date Assigned:	08/01/2014	Date of Injury:	02/16/2010
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 52-year-old gentleman injured in a work-related accident on February 16, 2000. The records available for review include a June 30, 2014, follow-up report that indicated the claimant is status post a left knee arthroscopy with osteochondral allograft transplantation of the medial femoral condyle in February 2013. The records documented that the claimant remained symptomatic despite receiving a recent corticosteroid injection, which provided only three weeks of temporary relief. He continues to complain of weightbearing-related pain. Based on claimant's current clinical presentation and diagnosis of underlying degenerative arthritis with failure to respond to previous OATS procedure, a series of viscosupplementation injections is recommended for further intervention. No documentation of recent or prior viscosupplementation procedure exists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series of 3 left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Section: Knee and Leg (Acute and Chronic).

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.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on Official Disability Guidelines criteria, a series of viscosupplementation injections is recommended as medically necessary. The claimant has advanced degenerative arthrosis that has failed both an OATS procedure and a corticosteroid injection. Based on the claimant's ongoing clinical complaints and associated pain, a series of viscosupplementation injections is supported as medically necessary.