

Case Number:	CM14-0122156		
Date Assigned:	08/06/2014	Date of Injury:	10/04/2012
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 10/4/2012. Per primary treating physician's progress report dated 5/15/2014, the injured worker continues to have right knee pain. He feels he is healing well from surgery in January 2014, however he still continues to have pain in the knee. He notices an increase in pain with prolonged walking over uneven surfaces. On examination there are well-healed portal of entry scars about the right knee. Range of motion is generally full with the patient complaining of pain at the end range of flexion. The patient does ambulate with a mild limping gait protecting the right knee. Mild effusion is present today. Diagnoses include 1) internal derangement, right knee 2) right knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections 1x3 for right knee: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Hyaluronic Acid Injections section.

Decision rationale: The injured worker is noted to have received Orthovisc injections to the right knee on 7/23/2013 and 8/6/2013. On 9/17/2013 the injured worker reports feeling unchanged and complained of pain. The injections were only minimally beneficial. The injured worker is still in the post-surgical period from his arthroscopic surgery. The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation that the injured worker has severe osteoarthritis or is a candidate for total knee replacement. The request for Orthovisc injections 1x3 for right knee is determined to not be medically necessary. The request for Orthovisc injections 1x3 for right knee is determined to not be medically necessary.