

Case Number:	CM14-0123321		
Date Assigned:	08/08/2014	Date of Injury:	08/09/2010
Decision Date:	09/12/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 70-year-old male who reported injury on 08/09/2010. The mechanism of injury indicated the injured worker was coming down from a cab and his right foot slipped and he hyperextended his right leg and groin. The medications and diagnostic studies were not provided. The injured worker was noted to have a right total knee arthroplasty on 11/21/2013. The documentation indicated the injured worker had prior treatments included physical therapy, home exercise program, acupuncture, an epidural steroid injection, ice and medications as well as a cortisone injection. The injured worker underwent lumbar spine surgery. The documentation of 06/12/2014 was related to the back. There was no DWC Form RFA or PR-2 submitted for review regarding the request for Orthovisc injections for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection 2ml/15mg Left Knee 1xWk for 4 Wks w/ultrasound guidance.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines Treatment in Worker's Compensation, Online Edition. Chapter:Knee& Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic injections for severe osteoarthritis when injured workers have not responded adequately to recommended conservative treatments including exercises, NSAIDS, or acetaminophen. There should be documentation of a failure of conservative pharmacologic and nonpharmacologic treatments for at least 3 months. There was no DWC Form RFA or PR-2 submitted for review for the requested procedure. There was no recent physical examination submitted for review. Given the above, the request for Orthovisc injection 2ml/15mg left knee 1xWk for 4 Wks w/ultrasound guidance is not medically necessary.