

Case Number:	CM14-0130244		
Date Assigned:	08/18/2014	Date of Injury:	05/23/2005
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 records presented for review indicate that this 65-year-old gentleman was reportedly injured on May 23, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, July 1, 2014, indicates that there are ongoing complaints of left knee pain with intermittent swelling. Pain is mostly stated to be on the medial aspect. The physical examination demonstrated crepitus of the patellofemoral joint and tenderness across the medial and lateral joint lines. There was an equivocal McMurray's test and mild muscular atrophy. There was also a mild effusion and mildly decreased range of motion. Diagnostic imaging studies of the left knee noted a decrease in space over the medial compartment. Previous treatment includes a right knee total knee replacement, steroid injections, acupuncture, and physical therapy. A request had been made for an ultrasound guided Orthovisc injection x 3 and a medial unloader knee brace and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Orthovisc Injections x 31Wk for 3Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ON THE KNEE- VISCOSUPPLEMENTATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine supports and physical supplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to other treatments. A review of the available medical records indicates that there is some medial joint space narrowing of the left knee however there was no bony arthritis noted. Considering this, the request for an ultrasound guided Orthovisc Injections x 3 is not medically necessary.

Medial Unloader Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/knee.htm> OFFICIAL DISABILITY GUIDELINES UNLOADER BRACES FOR THE KNEE: RECOMMENDED. SEE ALSO KNEE-BRACE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Unloader Braces for the Knee, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines and Unloader Brace for the knee is designed to specifically reduce the pain and disability associated with osteoarthritis in the medial compartment of the knee. The weight-bearing X-rays of the right knee to not indicate that there is any bony arthritis present in the medial compartment. Considering this, the request for a medial Unloader Brace is not medically necessary.