

Case Number:	CM14-0167842		
Date Assigned:	10/15/2014	Date of Injury:	03/05/2014
Decision Date:	11/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has a date of injury of March 5, 2014. He has chronic left knee pain. He had recent left knee surgery. Physical examination he has 0-140 of left knee range of motion. There is a mild effusion the left knee. There is crepitus throughout the left knee range of motion. MRI imaging study of the left knee from may 21st 2014 shows oblique tear of the medial meniscus with grade 3 chondromalacia of the left patella. Patient is diagnosed with osteoarthritis. At issue is whether Orthovisc injections a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections Left Knee once a week for 4 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 and Leg - Hyaluronic acid injections; Criteria for Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG knee pain chapter

Decision rationale: The patient does not meet established criteria for Orthovisc injection at this time. Specifically the patient has had recent arthroscopic knee surgery and there is no documentation of an Adequate postoperative trial and failure of conservative measures to

include physical therapy. In addition, the extent of the patient's osteoarthritis is not well documented in the medical records. The patient must first try and fail conservative measures for the treatment of osteoarthritis prior to Orthovisc injection. His recent trial and failure of physical therapy must be documented. More conservative measures are necessary prior to Orthovisc injection. Criteria for Orthovisc injection not met. Therefore, the request is not medically necessary.