

Case Number:	CM14-0177959		
Date Assigned:	10/31/2014	Date of Injury:	12/18/2012
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Adult Reconstructive Surgery and is licensed to practice in Alabama. 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 51-year-old male who reported an injury on 12/19/1995. The injured worker reportedly sustained a twisting injury while running. The current diagnosis is post-traumatic arthritis with meniscal tears and chondrocalcinosis of the left knee. The injured worker was evaluated on 06/26/2014 with complaints of pain and swelling in the left knee. Physical examination revealed mild effusion and medial and lateral joint line tenderness with patellofemoral crepitus and grinding. X-rays revealed chondrocalcinosis. Treatment recommendations included an arthroscopy, meniscectomy and debridement, and postoperatively a series of viscosupplementation injections with Orthovisc. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative series of viscosupplementation with Orthovisc x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid Injections

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

Decision rationale: The Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. There is no documentation of symptomatic severe osteoarthritis upon physical examination. There is no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. Based on the clinical information received, the request is not medically necessary.