

Case Number:	CM14-0023165		
Date Assigned:	05/12/2014	Date of Injury:	07/07/2011
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

52 year old male with industrial injury 7/7/11. Exam 4/10/13 demonstrates bilateral knee injuries. Examination demonstrates minimal tenderness in right knee and mild anterior instability in the left knee. Recommendation for home exercise program for bilateral knees. Exam note 11/14/13 demonstrates increasing pain to bilateral knees as well as clicking of the left knee. Tenderness noted to palpation along the joint line. Diagnosis of osteoarthritis of the right knee and internal derangement left knee with osteoarthritis. MRI left knee demonstrates tricompartmental cartilage loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTION X 3 TO BOTH KNEES, A TOTAL OF 6 INJECTIONS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Viscosupplementation.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and who have failed conservative nonpharmacologic treatments including failure to respond to aspiration and injection of intra-articular steroids. As there is no radiographic documentation of severe osteoarthritis in the records or report of injections with steroids for this claimant, the determination is for non-certification.