

Case Number:	CM14-0025114		
Date Assigned:	06/11/2014	Date of Injury:	04/08/2011
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 46 year old male whose date of injury is 04/08/2011. He was climbing on bricks at work when he fell and injured his knee. Note dated 12/26/13 indicates the injured worker complains of left knee pain. The injured worker is noted to be status post left knee arthroscopy on 08/30/11 and 11/20/13. On 11/20/13 he underwent medial and lateral meniscus debridement and tricompartmental chondroplasty. The injured worker declined formal physical therapy. Progress note dated 02/06/14 indicates that left knee range of motion is 5-100 degrees. The knee is grossly stable to stress examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ORTHOVISC INJECTIONS (1 SERIES OF 3 INJECTIONS) WITH ONE INJECTION PER WEEK FOR 3 WEEKS: 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, Hyaluronic acid injections.

Decision rationale: Based on the clinical information provided, the request for left knee Orthovisc injections (1 series of 3 injections) with one injection per week for 3 weeks is not recommended as medically necessary. The submitted records indicate that the injured worker underwent left knee arthroscopy on 11/20/13; however, there is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. There is no documentation that the injured worker has undergone a course of postoperative physical therapy or that he has failed to adequately respond to aspiration and injection of intraarticular steroids, as required by the Official Disability Guidelines.