

Case Number:	CM14-0026221		
Date Assigned:	06/13/2014	Date of Injury:	05/24/2007
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neurological 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:

The injured worker is a 51 year-old female who was reportedly injured on May 24, 2007. The mechanism of injury is noted as is not listed in these records reviewed. The most recent progress notes dated December 4, 2013, indicates that there are ongoing complaints of bilateral knee, ankle and foot pain. Tramadol helps her pain level as well as Terocin patches. The physical examination demonstrated no swelling bilaterally and there is no sign of infection. There is tenderness to palpation in both joint lines bilaterally. The range of motion is 20-120o bilaterally with painful patellofemoral crepitation. Muscle strength is 4+/5 bilaterally. There is no instability noted. Diagnostic imaging studies include x-rays taken on December 4, 2013 revealing moderate degenerative changes with 3 mm joint space narrowing in the medial joint line of both knees. An MRI scan of the right knee on November 2010 reveals no interval change from previous studies from January 29, 2009. An MRI of the left knee dated May 31, 2011 reveals a posterior horn medial meniscus tear, osteochondral lesion and degenerative changes with the moderate effusion, patella femoral degenerative changes. An electromyography study dated January 7, 2011 demonstrates chronic right-sided S1 radiculopathy. Previous treatment includes analgesic medication including Tramadol, topical compounds, home exercise program; status post left knee arthroscopy for medial meniscectomy and chondroplasty of medial femoral condyle. The patient had approval for Synvisc one last year but authorization expired. A request had been made for Orthovisc injection series of three to bilateral knee and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS SERIES OF THREE (3) TO BILATERAL KNEES: Upheld

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

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

Decision rationale: Based on current medication regimen, history of this patient and surgical intervention, there is no additional evidence to support Orthovisc injections is indicated. Medical records reviewed do not exhibit patient intolerance to non-steroidal anti-inflammatory drugs or treatment to corticosteroid injections. Therefore this request is not medically necessary. There is no indication patient has been unresponsive to non- invasive treatments.

PERMANENT GYM MEMBERSHIP: 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) Lumbar chapter updated June 2014.

Decision rationale: Gym memberships are not recommended. The clinician indicates that membership would be beneficial to this patient; however, there is no clear indication that a gym membership constitutes monitoring supervised treatment by a healthcare professional. Patient could further injury herself and there is no documentation of progress. The requests considered are not medically necessary and not recommended.