

Case Number:	CM14-0026941		
Date Assigned:	06/13/2014	Date of Injury:	09/12/2011
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 57 year old female who sustained injuries to her knee on 09/12/11. It is reported on this date she sustained a twist and fall injury which resulted in a diagnosis of chondromalacia and a meniscal tear. Records indicate that she has previously undergone a left knee arthroscopy which included a chondroplasty and partial medial meniscectomy with synovectomy on 04/26/12. Postoperatively, she was referred for rehabilitation. She underwent a series of Orthovisc injections in January of 2013 which did not provide any sustained improvement. She is noted to have decreased pain for 2-3 weeks post-procedurally. She later underwent a 2nd surgical procedure which included a chondroplasty, partial medial and lateral meniscectomies, with synovectomy on 11/22/13. She again received additional postoperative physical therapy. When seen in follow up on 01/28/14, she had continued complaints of left knee pain. Current medications include ibuprofen. On examination, she is noted to have an altered gait, tenderness over the patella, femoral, and medial joint lines with reduced left knee range of motion. A request was made for Orthovisc injections. A utilization review determination dated 02/13/14 non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ORTHOVISC INJECTIONS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The submitted clinical records indicate that the injured worker sustained an injury to her left knee which has resulted in 2 operative interventions. The injured worker previously undergone Orthovisc injections in 01/2013 and had a very limited response. As such, given the lack of efficacy, further viscosupplementation would not be clinically indicated or supported. The request is not medically necessary and appropriate.