

Case Number:	CM14-0027939		
Date Assigned:	06/18/2014	Date of Injury:	09/07/2011
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Internal Medicine 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 patient is an injured worker with a right knee condition. Date of injury was 09/07/2011. Right knee arthroscopy with partial medial meniscectomy and chondroplasty of femoral trochlea and medial femoral condyle was performed 03/08/2012. MRI of right knee 10/24/2011 reported: 1. Posterior horn medial meniscal tear; 2. Small suprapatellar effusion; 3. Focal region of subcortical cystic degenerative type change within the mid aspect of the tibial plateau. Physician's progress report 06/07/2013 was provided by [REDACTED]. History: Patient follows up today for the right knee. Physical examination: Exam shows continued patellofemoral crepitus through range of motion, with tenderness along the medial joint line, as well as the patellofemoral joint line. He has essentially full extension, further flexion to 100 degrees, and no instability on exam. He is obese. Assessment: Right knee osteoarthritis with prior history of partial medial meniscectomy. Plan: Cortisone injection of right knee. Progress Report 2 (PR-2) progress reports 01/24/2014 was provided by [REDACTED]. Subjective complaints: Patient had good relief of his right knee pain with cortisone injection in June '13 and medial unloader brace. Objective findings: Range of Motion (ROM) 0-100, positive patellofemoral crepitus with ROM, mild effusion, no instability. Utilization review 02/11/2014 recommended non-certification of the request for Orthovisc series of 3 weekly injections into the right knee. Request for authorization (RFA) was dated 1/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRAIN/ INJECT JOINT/ BURSA: 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), 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 (Acute & Chronic).

Decision rationale: Medical records do not document significantly symptomatic osteoarthritis. ACR criteria for severe osteoarthritis were not met. There was no documentation of: Bony enlargement; Erythrocyte Sedimentation Rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Review of medical records demonstrates that the patient does not meet the ODG criteria for Orthovisc Hyaluronan) injection of the right knee. Therefore, the request for Drain/Inject Joint/ Bursa is not medically necessary.