

Case Number:	CM14-0037240		
Date Assigned:	06/25/2014	Date of Injury:	08/23/2013
Decision Date:	08/14/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old male was reportedly injured on 8/23/2013. The mechanism of injury is noted as repetitive job duties. The most recent progress note, dated 2/25/2014 indicates that there are ongoing complaints of chronic right knee pain. The physical examination demonstrated antalgic gait, 3 degree of varus compared contralateral side, mild swelling, one centimeter of quadriceps atrophy involving the vastness medialis oblique, a range of motion of 0-120 and muscle strength 4/5. Diagnostic imaging studies x-rays right knee which reveal tricompartmental degenerative joint disease (DJD) with medial joint space narrowing per note on 1/16/2014. Previous treatment includes previous surgery, physical therapy, injections and medications. A request was made for series of Orthovisc injections for the right knee #3, and was not certified in the pre-authorization process on 3/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Orthovisc injections for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Knee and Leg Chapter , Hyaluronic acid injections.

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

Decision rationale: Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. According to the medical records provided the injured worker has had previous arthroscopies and physical therapy. He recently had an intra-articular steroid injection, but there is no report concerning benefits of this procedure, as well as any type of non-steroidal anti-inflammatory drug (NSAIDs). Without documentation concerning the benefits of steroid injection as well as failure of the NSAID this request is deemed not medically necessary.