

Case Number:	CM14-0038560		
Date Assigned:	06/27/2014	Date of Injury:	01/09/2004
Decision Date:	08/15/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	04/02/2014

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 injured worker is a 58 year-old female who was reportedly injured in January 9, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 4, 2014, indicates that there are ongoing complaints of knee pain. The physical examination demonstrated 1+ swelling, 1+ laxity, motor strength 5-/5 and a negative McMurray's. There is no instability noted. The diagnosis offered was status post anterior cruciate ligament repair. Diagnostic imaging studies objectified an ordinary disease of life of osteoarthritis of the knee dating back to January, 2006. Previous treatment includes surgical treatment of the anterior cruciate ligament and medial meniscus injuries, physical therapy, non-steroidal medications and other conservative measures. A request was made for a viscosupplementation (Orthovisc) and was not certified in the pre-authorization process on March 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Orthovisc injections to the left knee (administered once a week): 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 & Leg (Acute & Chronic).

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

Decision rationale: When noting the date of injury, the age of the injured employee, the mechanism of injury and the diagnosis offered by the current treating provider (status post anterior cruciate ligament repair) and taking into consideration the parameters outlined in the American College of Occupational and Environmental Medicine guidelines or viscosupplementation there is no clinical indication or medical necessity to use this type of injection therapy to address anterior cruciate ligament lesion. This type of lesion is designed to address ordinary disease of life degenerative changes. Therefore, based on the clinical ration presented for review there is no medical necessity for this injection therapy.