

Case Number:	CM14-0042508		
Date Assigned:	06/30/2014	Date of Injury:	05/24/2006
Decision Date:	08/20/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain 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 39 year old female who sustained an injury to her right knee on 04/17/11. The mechanism of injury of injury was not documented. A clinical note dated 02/05/14 reported that the injured worker complained of bilateral knee pain at 7-8/10 visual analog scale. Physical examination of the right knee noted range of motion 0 to 125 degrees with crepitus in all 3 joint compartments; no open wounds or erythema; positive McMurray's sign; negative Lachman's; negative anterior/posterior drawer; stable to varus/valgus stress testing at 0 and 30 degrees; negative straight leg raise on the right; no sign of deep vein thrombosis; 4+/5 quad strength, 4/5 hamstring strength. The records indicate, per recent clinical note, dated 03/28/14 that the injured worker is documented as having previously undergone arthroscopic medial and lateral meniscectomies on 05/23/11. The injured worker has also had magnetic resonance images performed on the bilateral knees which demonstrated bilateral osteoarthritis.

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 right knee, once per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: The request for 3 Orthovisc injections for the right knee, once per week for 3 weeks is not medically necessary. The Official Disability Guidelines states that treatment with hyaluronic acids includes failure to adequately respond to aspiration and injection of intraarticular steroids. Given this, the request for 3 Orthovisc injections for the right knee, once per week for 3 weeks is not indicated as medically necessary.