

Case Number:	CM14-0053645		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2013
Decision Date:	10/02/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 has left knee pain and discomfort. There is soft tissue swelling. There was pain with weight-bearing. There was also tightness in the knee. On examination of the left knee, there was knee effusion. There was medial and lateral joint line tenderness to palpation. The patient was diagnosed with status post left knee diagnostic arthroscopy and a partial meniscectomy, left knee arthroscopic loose body removal and left knee great for chondromalacia in the medial compartment. The original injury occurred when the claimant injured the back, shoulders and both knees when the chair the claimant was sitting in broke and the patient fell against a table. The intent of the shots, per the orthopedist, was to decrease the friction between the distal femur and the tibial plateau. The patient does have left knee osteoarthritis. There have been an unspecified number physical therapy treatments and a steroid injection. The outcomes of this care have not been provided. There is also no mention of recent attempts with an appropriate prescription of non-steroidal anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc-series times 4, single dose syringes-2 ml per 15 mg high molecular, weight Hyaluronan, major joint times 4 of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, under Hyalgan/Synvisc Knee Injections

Decision rationale: The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). In this case, the patient does have left knee osteoarthritis, but there has been an unspecified number physical therapy treatments and a steroid injection. The outcome of this care has not been provided. There is also no mention of recent attempts with an appropriate prescription of non-steroidal anti-inflammatories. The request is not medically necessary per MTUS guides.

Ultrasound guidance times 4 of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, under Hyalgan/Synvisc Knee Injections

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.