

Case Number:	CM14-0057599		
Date Assigned:	07/09/2014	Date of Injury:	05/21/1985
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 61 year-old male was reportedly injured on 5/21/1985. The mechanism of injury is not listed. The most recent progress notes dated 2/3/2014 and 4/2/2014 indicate that there are ongoing complaints of low back pain with radiation into the left leg and right knee pain. Physical examination of the right knee demonstrated flexion 45, extension lag -10; spasm of muscle - bilateral lumbar paraspinal and tenderness to palpation. There were no recent diagnostic imaging studies available for review. Previous treatment includes right knee surgery in 2010, physical therapy, aquatic therapy, chiropractic treatment, home exercise program and medications to include Percocet, Amitriptyline, Amrix ER, Tizanidine and Zonisamide. A request had been made for 3 Orthovisc injections weekly for 3 weeks, right knee and was not certified in the utilization review on 4/3/2014.

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 weekly for 3 weeks 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, Treatment Index - Knee and leg.

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

Decision rationale: The MTUS guidelines support visco supplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to noninvasive treatments. Review of the available medical records, documents chronic right knee pain after a work-related injury in 1985; however, fails to document any recent imaging studies of the right knee or failure of a trial of non-steroidal anti-inflammatory medications. As such, a Series of 3 Orthovisc Injections weekly for 3 weeks Right knee is not medically necessary.