MAXIMUS Federal Services

Case Number:	CM14-0066342		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2006
Decision Date:	10/01/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 is a female with no documented age who has submitted a claim for chronic left knee pain, degenerative joint disease of the left knee, s/p meniscus tears repair, associated with an industrial injury date of October 30, 2006.Medical records from 2014 were reviewed. The latest progress report, dated 04/10/2014, showed worsening left knee pain. Physical examination revealed ambulation with an antalgic gait with limping in her left lower extremity. There was no crepitus with active and passive range of motion. There was generalized pain. There was no distal leg edema. Treatment to date has included meniscus repair and medications. She was not recommended for total knee arthroplasty. Utilization review from 04/23/2014 denied the request for Orthovisc injections x3 left knee because there was no evidence of osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient orthovisc injections (3 times) to the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee and Leg Chapter, Hyaluronic Acid Injections

Decision rationale: CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, the patient was not a candidate for knee arthroplasty. There was documented evidence of pharmacologic management; however the recent progress report showed worsening of the left knee pain. The patient was also a diagnosed case of degenerative joint disease. The criteria were met. Therefore, the request for orthovisc injection 3x to the left knee is medically necessary.