

Case Number:	CM14-0087629		
Date Assigned:	07/25/2014	Date of Injury:	08/21/2011
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 Illinois. 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 46 year old female with a reported date of injury on 08/21/2012. The mechanism of injury was a fall. The diagnoses included right knee degenerative joint disease. The past treatments included pain medication and surgery. An MRI of the right knee on 11/08/2011 revealed a tear of the posterior horn of the meniscus. The surgical history included right knee arthroscopy in 10/04/2012. On 04/11/2014, the subjective complaints were right knee pain rated at 4-5/10. The physical examination of the right knee revealed painful patellofemoral crepitus, negative lachman's, and well healed incisions. The medications included Norco and Norflex. The plan was for a series of three orthovisc injections to the right knee. The rationale was to provide pain relief. The request for authorization form is date 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc Injections over 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 (ODG) Treatment Index, 11th Edition (web), 2013, Knee & Leg (Acute & Chronic) Hyaluronic Acid Injections.

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.

Decision rationale: The request for 3 Orthovisc Injections over 3 Weeks Right Knee is not medically necessary. The Official Disability Guidelines state hyaluronic acid injections may be recommended for patients with significantly symptomatic osteoarthritis who have not responded adequately to recommend conservative care. Additionally, it should be documented that their pain interferes with functional activities, and they did not adequately respond to aspiration and injection of intra-articular steroids. The injured worker was noted to have chronic right knee pain rated at 4-5/10 and a diagnosis of right knee degenerative joint disease. However, there was inadequate documentation regarding the to response to failed conservative care, severe symptomatic arthritis, or documentation in regards to trial of aspiration and injection of intra-articular steroids. In the absence of documentation addressing these criteria, the request is not medically necessary.