

Case Number:	CM14-0184806		
Date Assigned:	11/12/2014	Date of Injury:	07/15/2003
Decision Date:	01/07/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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:

Patient is a 61 year-old female with date of injury 07/15/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/29/2014, lists subjective complaints as pain in the left knee. X-ray of the left knee on 05/15/2014 was notable for moderate tricompartmental osteoarthritic disease. MRI performed on 05/30/2014 revealed severe osteoarthritis. Patient has had two steroid injections to the left knee to date and reported they provided about a month of relief. Objective findings: Patient walked with a limp favoring her left over her right leg. Her right leg was surgically amputated below the knee. There was a minimal amount of breakdown of the surface of the skin in a patchy nature. No erythema, ecchymosis, or discharge noted. The prosthetic leg appeared to be well-fitting and in good condition. Diagnosis: 1. Bilateral osteoarthritis of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Acute and Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The patient does fit the criteria for hyaluronic acid injections of the knee. I am reversing the previous utilization review decision. Orthovisc injection of the left knee is medically necessary.