

Case Number:	CM14-0199006		
Date Assigned:	12/09/2014	Date of Injury:	06/20/2014
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 injured worker is a 51 year old male, HVAC technician, who sustained an injury on 06/20/2014 when he fell off a ladder from a 4 foot height resulting in persistent back, leg and knee, pain and swelling. The injured worker also has neck pain extending into his back, left shoulder and arms. His pain level in neck is 4/10, mid back 4/10, low back 4/10, left arm 4/10, right leg 5/10 and headaches which are 8/10. Pain is exacerbated with extension and rotation and he has right sided muscle guarding and spasms. The injured worker is status post a right knee arthroscopy with partial medial and lateral meniscectomy, medial femoral condyle chondroplasty and partial anterior synovectomy on 10/17/2014. He has been treated with bracing, activity modification, physical therapy, Tramadol, naprosyn, ketoprofen, omeprazole and Norco. The injured worker has been restricted to desk work. Diagnoses include cervicalgia, cervical radiculopathy, thoracic pain, low back pain, lumbar spine radiculopathy, facet arthropathy, and right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections times three (3) to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg (Acute and Chronic)

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

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. The injured worker is status post surgery to his right on 10/17/2014. He has recently started postsurgical physical therapy and has yet to exhaust conservative treatments for three months following the postsurgical treatment period. Medical necessity of this request has not been established within the recommendations of the ODG. The request for Orthovisc injections times three (3) to the right knee is determined to not be medically necessary.