

Case Number:	CM14-0203642		
Date Assigned:	12/16/2014	Date of Injury:	06/29/2009
Decision Date:	04/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 06/29/2009, after a crush injury by a paver. The injured worker reportedly sustained an injury to his right knee. The injured worker's treatment history included multiple medications, surgical intervention, and injections. The injured worker also underwent a Functional Restoration Program that failed to provide a significant level of restoration. The injured worker underwent an MRI of the left knee on 02/10/2014. The MRI indicated that there was moderate chondral fissuring involving the central weight bearing surface of the left medial femoral condyle, indications of a medial meniscus injury, moderate scar tissue in the left infrapatellar fat pad, normal left patellofemoral alignment, small left knee joint effusion, and a small left popliteal cyst. The injured worker was evaluated on 01/08/2015. It was documented that the injured worker had popping and locking of the left knee and did not want to continue with medications or additional surgery. Physical findings included pain rated at 9/10, and 4/5 weakness of the left leg, with notable ankle swelling. The injured worker's diagnoses included left knee internal derangement, status post arthroscopic surgery x2, and left ankle internal derangement. A request was made for Orthovisc injections to the left knee x4, at once a week for 4 weeks. However, no request for authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections to the left knee x4 at once a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

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, Hyaluronic acid injections.

Decision rationale: The American College of Occupational and Environmental Medicine does not address this request. The Official Disability Guidelines recommend Orthovisc injections in an attempt to delay total knee replacement for injured workers who are symptomatic of severe osteoarthritis and have pathology identified on an imaging study indicative of severe osteoarthritis. The clinical documentation submitted for review does not provide any objective clinical findings consistent with severe osteoarthritis. Additionally, the imaging study submitted for review did not identify any pathology consistent with severe osteoarthritis. As such, the request is not medically necessary or appropriate.