

Case Number:	CM14-0217376		
Date Assigned:	01/07/2015	Date of Injury:	06/04/2014
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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
 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:

This is a 34 year old male worker who was injured when he mistook a step causing a twisting injury. The date of injury was June 4, 2014. On June 23, 2014, the injured worker complained of pain in his right knee and lower back causing him decreased physical function and capacity. The pain was described as sharp and radiated to the right lower extremities. On August 7, 2014 an MRI of the lumbar spine revealed L4-5 5mm posterior disc protrusion, L5-S1 central to left posterolateral 3mm disc extrusion, cystic lesion expanding the right L1-2 foramine and superimposed congenital narrowing of the spinal canal. MRI of the right knee revealed tear of the posterior horn at lateral meniscus and scarring. Joint pain of the right knee was noted. The pain was described as sharp and radiating. The right knee pain was rated an 8 on a 1-10 pain scale at rest and a 9 on the pain scale with activity. Relieving factors included heat to the affected area and stretching. Evaluation showed decreased ability to perform physical actions, tasks or activities related to self-care, home management, work, community and leisure which was caused by pain on his right knee and lower extremities. There was a decrease in range of motion of his lower back and right lower extremities. Physical therapy and medication were listed as treatments. A request was made for a series of three orthovisc injections to the right knee, one injection per week for three weeks. On December 23, 2014 utilization review denied 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 right knee 1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter: Hyaluronic Acid Injections

Decision rationale: According to the most recent 09/03/20014 progress notes, this patient presents with constant back pain and right knee pain that has been the same. The current request is for Orthovisc injection per dose. Regarding Hyaluronic (Orthovisc) injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that has not responded to other treatments. In reviewing the medical reports provided, the treating physician does not indicate that the patient has "severe arthritis" of the knee. There is no evidence of "severe osteoarthritis" found in the records provided. Therefore, the requested Orthovisco injections are not supported by the ODG guidelines. The current request IS NOT medically necessary.