MAXIMUS Federal Services

Case Number:	CM15-0109676		
Date Assigned:	06/16/2015	Date of Injury:	08/08/2013
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 52 year old male patient who sustained an industrial injury on 08/08/2013. The patient is a truck driver. On 11/14/2014 the patient noted undergoing a lose body removal, micro treatment and injection. A follow up visit dated 05/01/2015 reported the patient with subjective complaint of ongoing right knee pain. He is current out of medications, but was noted using some leftover Norco form surgery. Objective findings showed the right knee with portal scars, mild effusion, mild crepitus, and mild lateral joint line tenderness. A magnetic resonance imaging study done on 05/21/2014 showed the right knee with subtle longitudinal horizontal line in the medial meniscus may represent a subtle tear in this structure. The following diagnoses are applied: knee arthralgia; effusion of knee joint; knee synovitis, and knee derangement osteoarthritis. The impression noted the patient with progressive medial osteoarthritis, residual synovitis and effusion. The patient is to remain temporarily totally disabled. The patient continued with physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided orthovisc injection series to 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), knee and leg (acute and chronic), criteria for Hyaluronic acid or Hylan.

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

Decision rationale: ODG recommends viscosupplementation in patients with advanced DJD who have failed initial conservative treatment and steroid injection and are hoping to defer surgery. The records in this case do not clearly document the diagnosis of knee osteoarthritis. Therefore the records and guidelines do not support this request as medically necessary.