

Case Number:	CM15-0133207		
Date Assigned:	07/21/2015	Date of Injury:	06/06/2012
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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 48 year old male who sustained an industrial injury on 06/06/2012 while moving furniture. The injured worker was diagnosed with bilateral knee degenerative joint disease. The injured worker is status post right knee arthroscopy with partial medial meniscectomy in 2012 and right knee arthroscopy with medial meniscectomy on September 8, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy (24 sessions right knee), Synvisc injections, right knee steroid injections in February 2015 (2 weeks of pain relief noted), home exercise program, knee brace and medications. According to the primary treating physician's progress report on June 11, 2015, the injured worker continues to experience pain, pins and needles with numbness of the right knee. He reports it becomes inflamed and feels it will give out when walking. The injured worker rates his right knee pain level at 6/10 and up to 8/10 by the end of the day. The injured worker also reports left knee pain with flexion on the lateral aspect and rates the left knee pain as 4/10. Examination of the right knee demonstrated muscle atrophy of the quadriceps with surgical incision healed and without erythema. The suprapatellar pouch was positive for effusion. The entire knee was tender to palpation without hypersensitivity or instability. Active range of motion was measured at 120 degrees flexion and 5 degrees extension. Passive range of motion was noted at 100 degrees flexion and 5 degrees extension. Motor strength, sensation, pulses and deep tendon reflexes were within normal limits. The left knee examination demonstrated tenderness to palpation over the lateral hamstring tendons with skin hypersensitivity, range of motion without pain and no evidence of instability. McMurray's sign caused pain in the lateral hamstring tendons. Motor strength and deep tendon

reflexes were normal. An Orthovisc injection (#1) was administered into the intra-articular space through the lateral portal site at the office visit. Current medications are listed as Norco 10/325mg, Tylenol #3 and Prilosec. Treatment plan consists of weight bearing as tolerated, Orthovisc injection #2 of three in one week and the current request for Orthovisc injection 2/3 right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection 2/3 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) - Hyaluronic acid injections.

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

Decision rationale: ODG recommends treatment with Orthovisc for patients with refractory DJD knee. This patient previously received this treatment and a significant response was not documented to support continued or repeat treatment. Therefore this request is not medically necessary.