

Case Number:	CM15-0139654		
Date Assigned:	07/29/2015	Date of Injury:	09/26/2012
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 56-year-old male with an industrial injury dated 09/06/2012. He states he was driving a city bus and had to violently push the brake to make the bus stop resulting in an injury to his knee. His diagnoses included right knee post-traumatic arthritis, right knee arthroscopy, and left hip degenerative changes secondary to stress transference. Prior treatment included viscosupplementation injections, x-rays MRI, medications and right knee arthroscopy. MRI of the right knee dated 04/06/2015 showed no meniscal tear or ligamentous injury. The formal report is in the submitted records. He presents on 05/20/2015 noting on 01/03/21015 he was patrolling the parking lot when his right knee gave out. He fell hurting his hip. His last work day was 02/23/2015. He was complaining of right knee pain and left hip pain. Physical exam of right knee revealed no effusion. There was no laxity or varus or valgus stress. Treatment plan included authorization to treat left hip, Naprosyn, Prilosec and Orthovisc injection to right knee. The treatment request is for Orthovisc time's 3 viscosupplementation injection for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc x3 viscosupplementation injection for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg chapter.

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

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records provided for review do not support synvisc injection congruent with ODG guidelines. The request is not medically necessary.