

Case Number:	CM15-0141369		
Date Assigned:	07/31/2015	Date of Injury:	02/03/2009
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46 year old male with an industrial injury dated 02-03-2009. His diagnoses included ACL tear of bilateral knees, left knee medial arthrosis, right knee medial meniscus tear and right knee patellofemoral chondrosis. Prior treatment included medications, H wave and physical therapy. He presents on 05-29-2015 with complaints of increased swelling of knee. His pain was rated as 9 out of 10. This is the most recent record submitted. Objective findings included increased pain. Aspiration of the knee returned zero cc of fluid. The treatment request is for 3 Orthovisc injections for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc injections for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, 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) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in February 2009 and underwent a right knee anterior cruciate ligament reconstruction. When seen, he was having right knee swelling and pain. There had been no benefit with Naprosyn. Physical examination findings included an antalgic gait. An aspiration of the knee in May 2015 had been negative for synovial fluid. Postoperative treatments have included modalities and physical therapy. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Criteria also include a failure to adequately respond and injection of intraarticular steroids. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions, including patellofemoral. In this case, the claimant does not have a diagnosis of severe osteoarthritis and has not undergone a cortisone injection. The requested series of injections was not medically necessary.