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| Case Number: | CM15-0141694 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 07/24/2014 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/14/2015 |
| 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on 7-24-14. He reported injury to his right knee after twisting right leg on uneven ground. The injured worker was diagnosed as having meniscus tear of the right knee and degenerative changes of the right knee. Treatment to date has included a right knee MRI on 9-3-14, a cortisone injections on 9-9-14 and 03/26/15, a knee brace, ice, Tramadol and Naproxen. A previous request for right knee arthroscopy was denied in December 2014 following peer review, noting an insufficient documented course of conservative treatment. Previous cortisone injections provided about one month of improvement. As of the PR2 dated 6-25-15, the injured worker reports his leg wants to lock up and give out. He is unable to use NSAIDs due to a history of bleeding ulcers. Objective findings include an antalgic gait, tenderness to palpation at the medial joint line, range of motion is 0-130 degrees and a positive McMurray's sign. The treating physician requested an Orthovisc injection once weekly for 3 weeks to the right knee. 06/29/15 orthopedic AME recommended right knee arthroscopy for treatment of a complex meniscal tear. Future medical treatment recommendations also included unspecified injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection 1 x a week for 3 weeks for the right knee (3): 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 & Leg, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter (Acute & Chronic, updated 07/10/15), Hyaluronic acid injections.

Decision rationale: Per the submitted documentation, the injured worker reports persistent knee pain with prominent mechanical symptoms. Imaging revealed a medial meniscus tear, but only mild osteoarthritis with well-maintained joint spaces per x-rays. He has failed a course of conservative treatment. AME has recommended right knee arthroscopy for treatment of a complex medial meniscus tear. Due to evidence of only mild osteoarthritis, ODG criteria for hyaluronic acid injections are not met. Because of lack of compliance with evidence-based treatment guidelines, as well as documented competing source to explain claimant's ongoing knee pain (prominent mechanical symptoms in the right knee and current untreated medial meniscus tear pending surgery), medical necessity is not established for Orthovisc injections at this point in care.