

Case Number:	CM15-0181273		
Date Assigned:	09/25/2015	Date of Injury:	07/30/1998
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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 50-year-old female who sustained an industrial injury on July 30, 1998. Diagnosis is stated in the 8-31-2015 orthopedic note after left knee x-ray was performed was stated to be left knee arthritis with degenerative meniscal tear. Documented treatment includes medications including morphine, Topamax, Prozac, Norco, Voltaren Gel, Flector patches and Lidoderm patches, and the physician states the injured worker has "never had an unloader brace, injections or physical therapy." The injured worker uses a cane or umbrella to assist with walking, and wears a brace on her left leg. At the 8-31-2015 visit, she reported left knee pain at 9 out of 10 radiating up to her buttock and low back, and down the outside part of the leg to the ankle, and it was stated as being worse with walking. She says she has had frequent falls. Examination revealed full extension, no effusion, and she walks without a limp. There is valgus alignment and slight tenderness noted at the lateral joint line. Neurological exam is noted as "intact." The treating physician's plan of care includes left knee 3 left knee Orthovisc injections, but this was denied on 9-10-2015. Current work status is not provided in medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee orthovisc injection 1 inject per week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg (update 07/10/15), Criteria for 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, 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.