

Case Number:	CM15-0199134		
Date Assigned:	10/14/2015	Date of Injury:	11/06/2008
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 11-6-2008. Medical records indicate the worker is undergoing treatment for left knee arthroscopy. A recent progress report dated 7-27-2015, reported the injured worker complained of left knee pain. Physical examination revealed left lower extremity crepitus throughout range of motion, specifically medial side with pain isolated to this region and full range of motion. Magnetic resonance imaging showed medial compartment degenerative joint disease and minimal meniscus left with slightly extruded fragments and mild patello-femoral chondromalacia. Treatment to date has included knee surgery and medication management. On 8-3-2015, the Request for Authorization requested Orthovisc injections for the left knee x3. On 9-8-2015, the Utilization Review noncertified the request for Orthovisc injections for the left knee x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections for the left knee x 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), Treatment for Workers' Compensation, Online Edition, 2015, Knee & 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) Chapter Knee and Leg. Orthovisc (hyaluronan) Online 2015 edition.

Decision rationale: This request is for 3 left knee Orthovisc injections. Orthovisc injections contain hyaluronic acid. MTUS guidelines do not specifically address this request, and therefore alternative guidelines were referenced. ODG guidelines give specific criteria for the use of such injections. This criteria states that there must be failure to respond to injection of intra-articular steroids. The medical records provided do not indicate any such failure. Therefore, ODG guidelines have not been satisfied in this patient's case, and based off of these guidelines this request cannot be considered medically necessary.