

Case Number:	CM15-0200516		
Date Assigned:	10/15/2015	Date of Injury:	08/09/2010
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: California

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 57 year old male, who sustained an industrial injury on 8-9-2010. The injured worker was being treated for degenerative arthritis of the left knee, depression, and anxiety. Medical records (6-25-2015 and 8-26-2015) indicate ongoing left knee pain and stiffness. The physical exam (6-25-2015 and 8-26-2015) reveals active range of motion of the left knee includes flexion to 135 degrees and extension to 0 degrees. Medical records (9-17-2015) indicate ongoing left knee pain radiating to the lower leg. The physical exam (9-17-2015) reveals tenderness about the lateral and medial aspects and the patellofemoral joint of the left knee. There is 2+ effusion, coarse crepitus, and atrophy of the vastus medialis oblique-quadriceps region. The active range of motion of the left knee includes flexion to 135 degrees and extension to 0 degrees. A recent AME evaluation noted complete collapse of the left knee medical compartment. Treatment has included psychotherapy and medications including pain, muscle relaxant, antianxiety, antidepressant, and non-steroidal anti-inflammatory and steroid injections. Per the treating physician (9-17-2015 report), the injured worker remains temporarily totally disabled. On 9-22-2015, the requested treatments included Orthovisc injection x 3 for the left knee. On 9-29-2015, the original utilization review non-certified a request for Orthovisc injection x 3 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthvisc injection x 3 for the Left Knee: Overturned

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, Viscosupplementation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Hyaluronic acid injections.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and support a trial of injections if specific criteria are met. These criteria include well-documented significant arthritis with a failure of conservative care. This individual meets these criteria. Medial compartment arthritis with zero cartilage interval is documented. Prior arthroscopy and subsequent physical therapy is documented. Prior trial of a steroid injection is documented. Under these circumstances, the request for Orthvisc injection x 3 for the Left Knee is supported by Guidelines and is medically necessary.