

Case Number:	CM15-0200799		
Date Assigned:	10/15/2015	Date of Injury:	11/09/2014
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
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: 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 53 year old male, who sustained an industrial injury on 11-09-2014. The injured worker is currently temporary partial disability. Medical records indicated that the injured worker is undergoing treatment for status post right knee arthroscopy with partial medial and lateral meniscectomies and chondroplasty procedure on 03-26-2015. Treatment and diagnostics to date has included right knee surgery and postoperative physical therapy. Subjective data (09-17-2015), included right knee pain "six months status post right knee arthroscopy" with pain level of 5 out of 10 with rest and 8 out of 10 with activity. The treating physician noted that the injured worker is not using any pain medications at the present time. Objective findings (09-17-2015) included a slightly altered gait favoring the right lower extremity, small effusion to right knee with flexion to 130 degrees, moderate medial joint line tenderness, mild parapatellar tenderness, and pronounced crepitus with active and passive range of motion. The Utilization Review with a decision date of 10-07-2015 denied the request for series of 3 Orthovisc injections to right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections 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).

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 November 2014 with injury to the right lower extremity as he was stepping off a 1 foot high trailer bed which he was unloading. He underwent right knee arthroscopic surgery in March 2015 followed by postoperative physical therapy. An x-ray of the right knee in December 2014 showed mild medial and patellofemoral degenerative changes. When seen, he was having knee pain rated at 5-8/10. Physical examination findings included a body mass index over 35. He had a slightly altered gait. There was a small joint effusion. He had decreased range of motion. There was moderate medial joint line tenderness. He had crepitus with range of motion. Authorization for weight-bearing x-rays and for a series of Orthovisc injections was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of injection of intraarticular steroids. The requested series of viscosupplementation injections is not medically necessary.