

Case Number:	CM15-0208899		
Date Assigned:	10/27/2015	Date of Injury:	07/05/2010
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, West Virginia,
Pennsylvania Certification(s)/Specialty: Emergency 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 59-year-old male who sustained an industrial injury on 6-20-2010. A review of medical records indicates the injured worker is being treated for multilevel lumbar disc disease and bilateral lumbar radicular symptoms. Medical records dated 10-5-2015 noted relief of chronic low back pain and left pain with episodic lumbar epidural injections. He had acupuncture a couple years ago which helped him sleep better, improved daily activity, and improving range of motion and decrease pain level. He had a lumbar epidural steroid injection on 10-29-2014 with short-term benefit. Physical examination noted Lumbar range of motion was 60% of expected with guarded. There was sensory deficit in the L5-S1 dermatomes bilaterally. Treatment has included injections and acupuncture. Utilization review form dated 10-12-2015 noncertified Orthovisc injection on both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection on both knee: 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)- TWC Chapter knee and leg last updated 07/10/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: Guidelines state that hyaluronic injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to conservative treatments after at least 3 months. In this case, the documentation does not reveal the failure of conservative measures and the patient does not have osteoarthritis. Thus, the request for Orthovisc injection of both knees is not medically necessary and appropriate.