

Case Number:	CM15-0029366		
Date Assigned:	02/23/2015	Date of Injury:	04/13/2003
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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 44-year-old female, who sustained an industrial injury on April 13, 2003. The injured worker sustained injuries to the left upper extremity, wrist and hand, left lower extremity, back, knees, waist, stomach and internal injuries related to a the industrial accident. The diagnoses have included left lumbar radiculopathy, left foot and ankle pain status post- surgical intervention, carpal tunnel syndrome, lumbar spine herniated nucleus pulposus and status post carpal tunnel release in 2012. Treatment to date has included medications, neuro-diagnostic studies, Cortisone injections of the knee, acupuncture treatment, chiropractic treatment and physical therapy to the back and wrist. Current documentation dated December 17, 2014 notes that the injured worker complained of left wrist and knee pain. She reported left wrist numbness through all the fingers and a throbbing pain in the left thumb. In regards to the left knee she reported constant pain and instability of the knee. Physical examination of the knee revealed tenderness to palpation and pain with range of motion. An MRI of the left knee performed December 17, 2014 revealed left knee chondromalacia and degenerative joint disease. On February 13, 2015 Utilization Review non-certified a request for one Orthovisc injection to then left knee. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections to the left 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, Knee (Hyaluronic Acid Injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Orthovisc injections to the left Knee are not medically necessary.