

Case Number:	CM15-0037937		
Date Assigned:	03/06/2015	Date of Injury:	05/01/2014
Decision Date:	04/21/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 64 year old female, who sustained an industrial injury on 5/1/14. She has reported pain in the right knee related to cumulative trauma. The diagnoses have included right knee patellofemoral chondromalacia and rule out right knee medial meniscus tear. Treatment to date has included intra-articular cortisone injections, right knee MRI and pain medications. As of the PR2 dated 2/3/15, the injured worker reports pain in right knee that does not respond to NSAIDs. The treating physician noted right knee effusion and medial joint tenderness with palpation. The treating physician requested a series of four intra-articular injections of Orthovisc under ultrasound guidance for the right knee. On 2/16/15 Utilization Review non-certified a request for a series of four intra-articular injections of Orthovisc under ultrasound guidance for the right knee. On 2/27/15, the injured worker submitted an application for IMR for review of a series of four intra-articular injections of Orthovisc under ultrasound guidance for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of four intra-articular orthovisc injections under ultrasound guidance for the right 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Hyaluronic acid injections.

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

Decision rationale: According to the ODG criteria for hyaluronic acid injections are as follows. Patients experiencing significant symptomatic osteoarthritis but have not responded adequately to conservative treatment after at least 3 months. Documented symptomatic severe arthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and over the age of 50. Generally performed without fluoroscopic or ultrasound guidance. In this case the documentation doesn't support that the patient has an appropriate diagnosis or physical exam to qualify for these injections. Furthermore the recommendations don't include under US guidance. The request is not medically necessary.