

Case Number:	CM15-0039340		
Date Assigned:	03/09/2015	Date of Injury:	10/06/2012
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Anesthesiology, 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 51 year old male, who sustained an industrial injury on October 6, 2012. He reported right knee pain and right groin pain. The injured worker was diagnosed as having right knee derangement. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of right knee pain and right groin pain. The injured worker reported an industrial injury in 2012, resulting in chronic right knee pain. He reported slipping and falling over six feet landing on a honey dew watermelon. He felt immediate groin and knee pain. Radiographic imaging revealed a possible meniscal tear and two foreign bodies in the right knee from an earlier war injury. A lump in the right groin was noted to be a hernia versus a lipoma. Evaluation on August 18, 2014, revealed continued pain. The request for right knee surgery was denied secondary to a reportedly unclear magnetic resonance image of the knee. Pain medications were renewed. The pain continued and surgical intervention was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Orthovisc Injections 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) Knee & Leg (Acute & Chronic).

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

Decision rationale: According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen. According to the documents available for review, the injured worker does not have a diagnosis of severe osteoarthritis. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.