

Case Number:	CM15-0044343		
Date Assigned:	03/16/2015	Date of Injury:	06/10/2013
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male, who sustained an industrial injury on June 10, 2013. The injured worker had reported a left knee injury. The diagnoses have included left knee chondromalacia and left knee medial and lateral meniscal tears. Treatment to date has included medications, radiological studies and an arthroscopic left knee partial medial and lateral meniscectomy and left knee partial synovectomy. Current documentation dated February 6, 2015 notes that the injured worker complained of left knee pain and swelling. Physical examination of the left knee revealed and increased effusion and a slightly decreased range of motion. The injured worker was noted to have a left antalgic gait. The treating physician's recommended plan of care included three Orthovisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 orthovisc injections to 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 (ODG) - Knee and Leg chapter.

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: Hyaluronic acid injections.

Decision rationale: Three orthovisc injections to left knee are not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that there needs to be documented symptomatic severe osteoarthritis of the knee. The documentation does not clearly indicate evidence of severe osteoarthritis of the knee. There are no objective imaging studies of the knee in the documentation submitted. The request for three orthovisc injections to the left knee are not medically necessary.