

Case Number:	CM15-0085728		
Date Assigned:	05/07/2015	Date of Injury:	10/27/2005
Decision Date:	06/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 55-year-old male, who sustained an industrial injury on 10/27/2005. He reported injuring his left leg and knee. The injured worker is currently not working. The injured worker is currently diagnosed as having chronic knee pain, other chronic pain, depression, status post anterior cruciate ligament repair, and septic arthritis of the knee. Treatment and diagnostics to date has included left knee surgery, left knee MRI, brace/splint, and medications. In a progress note dated 04/03/2015, the injured worker presented with complaints of persistent left knee pain. Objective findings include patellofemoral crepitus and tenderness. The treating physician reported requesting authorization for Orthovisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection of the left knee x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 333.

Decision rationale: CA MTUS states that viscous supplementation may be recommended for patients with severe osteoarthritis of the knee. It is not recommended for chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, patellofemoral arthritis or plantar nerve entrapment syndrome. In this case, the records do not establish severe osteoarthritis. Recent knee x-rays (2/4/15) show only mild osteoarthritis. There is marked patellofemoral arthritis present, however this is not an indication for Orhtovisc injections. Thus, the request is deemed not medically necessary.