MAXIMUS Federal Services

Case Number:	CM14-0146589		
Date Assigned:	09/15/2014	Date of Injury:	07/06/2005
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 63 yo male who sustained an industrial injury on 07/06/2005. The mechanism of injury was not provided for review. His diagnosis is chronic left knee pain. He continues to complain of left knee pain. On physical exam he has a moderate effusion with patellofemoral and medical joint line tenderness. Range of motion is from 7 to 120 degrees in flexion and extension. Treatment has included medical therapy with Naprosyn, Tylenol # 3, and corticosteroid injections.The provider has requested left knee Viscosupplementation -Orthovisc injection

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Viscosupplementation Orthovisc injection: 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), 2011, Knee and Leg Chapter, Criteria for 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 and leg Chapter, Criteria for Hyaluronic acid injections.

Decision rationale: There is no documentation provided necessitating the requested Orthovisc injection. Per ODG the criteria for hyaluronic acid injections include patients who experience significantly symptomatic osteoarthritis and have not responded to conservative nonpharmacologic and pharmacologic treatment or who are intolerant of these therapies after at least 3 months. There is no documentation provided indicating that the patient has undergone conservative nonpharmacologic or pharmacologic treatment for 3 months prior to the requested viscosupplementation. In addition, there was no recent clinical documentation submitted with the request. Medical necessity for the requested item has not been established. The requested item is not medically necessary.