

Case Number:	CM14-0180294		
Date Assigned:	11/04/2014	Date of Injury:	06/05/2003
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is 53-year-old woman who sustained a work related injury on June 5, 2003. Subsequently, she developed chronic knee pain. The patient underwent arthroscopic surgery in 2003. In 2004, she received 3 left knee injections, which improved her symptoms. Treatment options also included: NSAIDs, chondroitin, weight loss, and knee braces. According to the progress report dated September 23, 2014, the patient reported severe left knee pain that did not improve after 3 weeks of physical therapy. Physical examination revealed antalgic gait, varus alignment with marked MJLT, small left knee effusion with range of motion 0-130 degrees and no ligamentous laxity. The patient was diagnosed with left knee pain, left knee DJD (degenerative joint disease), and Genu varum. The provider recommended Orthovisc injection left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Orthovisc, for the left Knee Quantity: 3: Upheld

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

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

injections,

<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines Hyaluronic acid injections is "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best". There is no documentation that the patient suffered from osteoarthritis. There is no documentation that the patient failed all conservative therapies. Therefore the prescription of left knee Orthovisc injection is not medically necessary.