

Case Number:	CM14-0219202		
Date Assigned:	01/09/2015	Date of Injury:	07/12/2013
Decision Date:	03/30/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53-year-old male who reported an injury on 07/12/2013 due to an unspecified mechanism of injury. On 10/15/2014, he presented for a followup evaluation. It was noted that he was working with significant modifications due to pain in his knee. He also reported that he was having difficulty sitting on airplanes or any chair for too long. His physical examination showed no effusion and no meniscal signs. There was significant crepitation from the medial compartment and patellofemoral articulation. He was diagnosed with right knee osteoarthritis, and it was stated that he needed to have an Orthovisc injection to improve his functioning. He was diagnosed with right knee large tear of posterior horn of the medial meniscus, right knee horizontal tear of the lateral meniscus, and right knee edema with grade 4 osteoarthritis. The treatment plan was for Orthovisc injections times 3 to improve his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections x 3 (1 per week x 3 weeks), 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 and Hyaluronic acid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections

Decision rationale: The California ACOEM Guidelines indicate that invasive techniques are not routinely indicated, as there is a risk of infection. The Official Disability Guidelines state that hyaluronic acid injections are recommended for those with severe osteoarthritis who have failed conservative management and have significant limitations in their function. While it was noted that the injured worker was experiencing pain, there is a lack of evidence such as range of motion scores and strength scores to show that he is having any significant limitations to support the request. There is also a lack of evidence showing that he has tried and failed recommended conservative therapies such as physical therapy. Furthermore, no imaging studies were provided for review to validate that he does have severe osteoarthritis that would require an Orthovisc injection. Therefore, the request is not supported. As such, the request is not medically necessary.