

Case Number:	CM15-0013880		
Date Assigned:	02/02/2015	Date of Injury:	09/03/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

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 48 year old female, who sustained an industrial injury on 9/3/13. She has reported right knee pain. The diagnoses have included internal derangement of the right knee, right knee sprain and dyspepsia. Treatment to date has included MRI of the right knee, physical therapy, Orthovisc injections and oral medications. As of the PR2 dated 12/4/14, the injured worker reported 7/10 pain in the right knee and is unable to stand for long periods of time. The treating physician noted decreased range of motion and effusion around the knee. The treating physician requested Orthovisc injections, quantity unspecified to the right knee. On 12/23/14 Utilization Review non-certified a request for Orthovisc injections, quantity unspecified to the right knee. The utilization review physician noted that the injured worker had already been approved for viscosupplementation and the requested injections would be repetitive. On 1/20/15, the injured worker submitted an application for IMR for review of Orthovisc injections, quantity unspecified to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection, quantity unspecified, right knee, per 12/4/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The claimant is more than 1.5 years status post work-related injury and continues to be treated for chronic right knee pain. Treatments have included arthroscopy, physical therapy, medications, and a cortisone injection. An MRI showed findings of bone edema consistent with early osteoarthritis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. This claimant does not have findings of severe arthritis and therefore the requesting injection series is not medically necessary.