

Case Number:	CM15-0116059		
Date Assigned:	06/24/2015	Date of Injury:	11/15/2012
Decision Date:	07/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old male, who sustained an industrial injury on 11/15/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral knee pain and status post bilateral partial medial meniscectomies. Treatment and diagnostic studies to date has included physical therapy, steroid injection to the bilateral knees, and above noted procedures. In a progress note dated 04/06/2015 the treating physician notes complaints of pain and swelling to the bilateral knees. Examination reveals full range of motion to the bilateral knees with no noted effusion to the bilateral knees. Progress note dated 06/01/2015 noted that the injured worker complaints of pain and swelling to the bilateral knees when he leg presses above 60 pounds. The treating physician requested Orthovisc injections one weekly for three weeks to the bilateral knees noting that the injured worker has only had two weeks of pain relief secondary to intra- articular corticosteroid injections and that attempting Hyaluronate injections is the only option for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, 1 wkly for 3 wks, Bilateral 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: Knee chapter - Orthovisc injections.

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

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Orthovisc injections, 1 wkly for 3 wks, Bilateral Knee is not medically necessary.