

Case Number:	CM15-0117942		
Date Assigned:	06/26/2015	Date of Injury:	01/13/2014
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old male sustained an industrial injury on 1/13/14. He subsequently had multiple areas of pain due to a motor vehicle accident. Diagnoses include right knee sprain and lumbar spine sprain. Treatments to date include x-ray and MRI testing, shoulder surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck, right arm, bilateral shoulder, bilateral knee, left leg and back pain. Upon examination, there was tenderness to palpation and reduced range of motion to the right knee. A request for right knee orthovisc injections was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee orthovisc injections: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injections are indicate for patients with moderate to severe osteoarthritis with failure of conservative treatment. The review of documentations shows the patient to have patellofemoral arthritis. This does not qualify for hyaluronic acid injections and the request is not medically necessary.