

Case Number:	CM15-0125622		
Date Assigned:	07/10/2015	Date of Injury:	03/21/2015
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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 61 year old male who sustained an industrial injury on 03/21/15. Initial complaints and diagnoses are not available. Treatments to date include unspecified right knee injections. Diagnostic studies include a MRI of the left knee on 05/19/15 which showed chondromalacia. Current complaints include right knee pain. Current diagnoses include right knee osteochondral defect, sprain, and osteoarthritis. In a progress note dated 06/01/15 the treating provider reports the plan of care as series of 4 ultrasound guided Orthovisc injections. The requested treatments are Orthovisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection ultrasound guided x 4 (left 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).

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

Decision rationale: The claimant sustained a work-related injury in March 2015 and continues to be treated for bilateral knee pain. He has a history of right knee arthroscopic surgery for partial meniscectomies and has previously received Orthovisc injection to the right knee. An MRI of the left knee showed findings of chondromalacia. When seen, there had been an 80% improvement in the right knee after a cortisone injection. He had finished physical therapy treatments. There was no examination of the left knee. The claimant's BMI is nearly 36. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings of chondromalacia affecting the left knee. There is no diagnosis of osteoarthritis. The requested series of injections was not medically necessary.