MAXIMUS Federal Services

Case Number:	CM15-0177231		
Date Assigned:	09/17/2015	Date of Injury:	07/10/2014
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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:

The injured worker is a 56 year old male who sustained an industrial injury on 07-10-2014. On 06-04-2015, he underwent a left knee arthroscopic partial medial and lateral meniscectomies. At that time significant osteoarthritis of the left medial compartment was identified. According to a progress report dated 08-04-2015, the injured worker reported ongoing knee pain, discomfort and swelling. Physical examination demonstrated no medial or lateral joint line tenderness to palpation. Knee effusion was noted. The knee was stable both to varus and valgus stress as well as anterior and posterior stress. He had negative Lachman's, negative anterior drawer and negative posterior drawer all with firm endpoints. Range of motion was from 3 to 115 degrees. Assessment included status post left knee arthroscopic partial medial and lateral meniscectomies, left knee osteoarthritis in the medial compartment and patellofemoral joint and lumbosacral spasm and strain. The treatment plan included 12 additional physical therapy sessions, a series of 4 Orthovisc intraarticular injections under ultrasound guidance. The provider noted that the injections would be done under ultrasound guidance to ensure that the fluid was within the intra-articular space and not within any intraosseous, intramuscular or intratendinous tissues. Naprosyn and Omeprazole were prescribed. The injured worker was temporarily totally disabled. He was to return in six weeks for a follow up. An authorization request dated 08-17-2015 was submitted for review. The requested services included left knee Orthovisc x 4 and additional physical therapy treatment 2 x 6 weeks. On 08-27-2015, Utilization Review modified the request for left knee Orthovisc injections x 4 under ultrasound. Ultrasound guidance was not approved. The series of 4 intraarticular Orthovisc injections were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Orthovisc injections x4 under ultrasound: 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) Hyaluronic acid injections knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 indicted in the treatment of moderate to severe osteoarthritis that has failed conservative therapy. The patient has severe osteoarthritis. However the patient has no noted exam abnormalities of the knee that would require ultrasound guidance. Therefore the request is not medically necessary.