

Case Number:	CM15-0064275		
Date Assigned:	04/10/2015	Date of Injury:	07/20/2012
Decision Date:	05/08/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/06/2015

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 45 year old female, who sustained an industrial injury on 7/20/2012. She reported injury from a fall. The injured worker was diagnosed as having right knee chondromalacia. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/23/2015, the injured worker complains of right knee pain. The treating physician is requesting three orthovisc injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three orthovisc injections one a week for 3 weeks to the right 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-Treatment in Workers' Compensation, Knee and Leg Procedure Summary Online Version last updated 02/27/2015.

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. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of osteoarthritis and therefore the request is not certified.