

Case Number:	CM15-0064558		
Date Assigned:	04/10/2015	Date of Injury:	11/18/2009
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 62 year old male, who sustained an industrial injury, November 18, 2009. The injured worker received the following treatments in the past cortisone injections and viscosupplementation injections. The injured worker was diagnosed with bilateral knee arthritis. According to progress note of March 17, 2015, the injured workers chief complaint was bilateral knee pain. The pain increases with activity level. The injured worker had received temporary relief from pain with cortisone injections. The injured worker received several months of relief form pain with viscosupplementation injections in the past. The physical exam of the bilateral knees noted patellofemoral crepitation with some tenderness along the joint line both medially and laterally with crepitation. There was mild effusion and mild restriction with range of motion. The treatment plan included one set of Orthovisc injections for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) set of Orhoovisc injections for the bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic) Criteria for Hyaluronic Acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronate injections and Other Medical Treatment Guidelines Orthovisc FDA approved package insert.

Decision rationale: The patient is a 62 year old male with an injury on 11/18/2009. He has bilateral knee ostoarthritis and had a good response to Orthovisc in the past; it provided several months of relief. On 03/17/2015 he had bilateral knee pain with mild effusion and decreased range of motion. He had bilateral osteoarthritis of his knees that is clinically significant. He meets FDA approved indications for Orthovisc and ODG criteria. Therefore, the requested medical treatment is medically necessary.