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| Case Number: | CM15-0097703 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 05/29/2014 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 57 year old female, who sustained an industrial injury on 5/29/2014. She reported right knee and low back pain. The injured worker was diagnosed as having status post right knee surgery and meniscal pathology/internal derangement of right knee. Treatment to date has included medications, exercises and right knee arthroscopy (7/22/2014). The request is for Orthovisc injections (trial of 3) for the right knee. On 2/11/2015, she complained of right knee pain rated 7/10, and low back pain rated 3/10. She is noted to have tenderness to the right knee, and is favoring the left lower extremity with ambulation. The treatment plan included: magnetic resonance imaging of the right knee. On 3/4/2015, she complained of right knee pain rated 5/10, and low back pain rated 3/10. She reported that Tramadol reduces her pain to 4-5/10. Physical findings revealed are tenderness of the right knee, and a positive McMurray's. The treatment plan included: additional physical therapy, Tramadol ER, Hydrocodone 10/325, Pantoprazole, Cyclobenzaprine and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections (trial of 3) for 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterKnee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatment with medications and PT have failed. The records indicate that the patient reported significant reduction in pain with utilization of medications. The records did not show that the patient had failed all conservative treatments or steroid injections. The guidelines stated that hyaluronic acid derivatives injections are utilized to delay or avoid extensive knee surgery when conservative measures have failed. The current treatment plans including additional sessions of PT and MRI of the knee had yet to be completed. The criteria for Orthovisc injections -trial of 3 to right knee was not met and is not medically necessary.