

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the orthovisc injections to the right knee requested **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/5/2013 disputing the Utilization Review Denial dated 3/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the orthovisc injections to the right knee requested **is medically necessary and appropriate.**

### **Medical Qualifications of the Professional Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 7, 2013

“SUMMARY OF TREATMENT/CASE HISTORY: This 51-year-old male injured his knee on 1/23/13. The mechanism of injury was getting out of a truck. The diagnosis was pain in joint lower leg. The patient noticed knee pain that had been persistent for the past two months. His only treatment had been over-the-counter medication. A steroid injection was recommended, but refused. The initial note, dated 2/20/13 from Dr. [REDACTED] was noted. The patient’s X-rays showed osteoarthritis for, which an Orthovisc series was recommended. EXPLANATION OF FINDINGS: The requested Orthovisc injections for the right knee are non-certified. The California MTUS/ACOEM Guidelines do not apply. The ODG, Knee – Hyaluronic Acid Injections section notes that they are indicated, “For patients who experience significantly symptomatic osteoarthritis, but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies.” The documentation provided did not show that the patient had tried non-pharmacologic treatments other than some over-the-counter medications. Other therapies should be tried including prescription anti-inflammatories and/or physical therapy and/or bracing prior to considering viscosupplementation, as all of these treatments are long established and effective for the treatment of osteoarthritis. Therefore, the request is non-certified.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 4/5/13)
- Utilization Determination Letter from [REDACTED] (dated 3/7/13)

- Physician Review Recommendation from [REDACTED] (dated 3/6/13)
- Medical Records from [REDACTED] (dated 1/23/13 – 4/9/13)
- Medical Record from [REDACTED] (dated 2/20/13)
- Official Disability Guidelines (ODG), Treatment Index, 11<sup>th</sup> Edition (web), 2013, Knee – Hyaluronic Acid Injections

**1) Regarding the request for orthovisc injections to the right knee:**

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Treatment Index, 11<sup>th</sup> Edition (web), 2013, Knee – Hyaluronic Acid Injections, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the MTUS does not address the employee's condition. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The medical records received and reviewed show the employee has osteoarthritis and has not responded to conservative measures. The Doctor's First Report of Occupational Injury or Illness showed the patient was given an anti-inflammatory in the form of ibuprofen. ODG indicates that the requested injection is appropriate for patients who experience significant symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of those therapies. The employee had osteoarthritis and did not respond to pharmacologic treatment. The requested orthovisc injections to the right knee is medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.