

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	1/30/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012735

- 1) MAXIMUS Federal Services, Inc. has determined the request for **orthovise injection series of three left knee is not medically necessary and appropriate.**

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 request for **orthovise injection series of three left knee** is not **medically necessary and appropriate**.

#### **Medical Qualifications of the Expert 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, has a subspecialty in Foot and Ankle 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 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 treatments and/or services at issue.

#### **Expert Reviewer Case Summary:**

The patient is a 46-year-old male who reported injury on 01/30/2012. The mechanism of injury was noted to have occurred while the patient was trying to unload a pallet using a hydraulic device when the device locked and jammed the patient's left knee. On 07/30/2013, the patient had tenderness to palpation in his left knee with accompanying crepitus. The patient's diagnoses as pertinent to the case were noted to be status post left knee arthroscopic medial meniscectomy 04/22/2013, left knee DJD, left knee chondromalacia patella. The plan was stated to include Orthovisc injection series of 3 to the left knee.

#### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for orthovise injection series of three left knee:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Treatment in Workers Compensation, 18<sup>th</sup> Edition, 2013 Updates, Knee and Leg Criteria for Hyaluronic acid injections, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on The Official Disability Guidelines, Online Version, Knee and Leg Chapter, Hyaluronic injections, which is not part of the MTUS, and the American College of Rheumatology, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines (ODG) recommend hyaluronic acid injections for employees who have documented symptomatic osteoarthritis but have not responded adequately to recommended pharmacologic or non-pharmacologic care or are intolerant of these therapies after at least 3 months; have documented symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology to include pain and meeting of 5 of the listed criteria, and when pain interferes with functional activities, when there is failure to adequately respond to aspiration and injection of intra-articular steroids and if the employee is not currently a candidate for a total knee replacement or has failed previous knee surgery for their arthritis, unless younger individuals wanting to delay total knee replacement. The office note dated 07/30/2013 revealed subjective findings of the employee having pain 6-7/10. Objective findings of the left knee revealed the employee had mild tenderness to palpation, with mild swelling, and there was noted to be audible crepitus with motion. The x-ray of the knee dated 01/31/2012 revealed the employee had a knee effusion. The clinical documentation failed to provide that the employee met the criteria for hyaluronic injections as per the American College of Rheumatology, 2 of the 5 criteria, including pain were met as the employee was noted to have pain, bony tenderness and crepitus. The documentation failed to provide that the employee had pain that interfered with functional activities, that the employee had failure to adequately respond to aspiration and injection of intra-articular steroids, and that the employee was not currently a candidate for a total knee replacement, or had failed previous knee surgery for arthritis. **The request for Orthovisc injection series of 3 left knee is not 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,

Paul Manchester, MD, MPH  
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.