MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/24/2013

IMR Case Number:	CM13-0018459	**Date of Injury:**	09/15/2009
Claims Number:	[redacted]	**UR Denial Date:**	08/08/2013
Priority:	STANDARD	**Application Received:**	08/29/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
ORTHOVISC INJECTIONS, RIGHT KNEE, ONCE A WEEK X 4 WEEKS			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 09/15/2009. The mechanism of injury is that the patient was working on a dock pushing and pulling pallets when a pallet injured his right knee. The patient's diagnosis is arthritis of the right knee which has improved after arthroscopy but still symptomatic.

The treating physician submitted a progress report on 06/07/2013 reporting that the patient was improved after arthroscopy but still symptomatic. He had moderate crepitation through range of motion of 0-140 degrees and still had some pain. The treating physician requested viscous supplementation treatment given this patient's ongoing pain. The patient is noted to be status post repair of a medial and lateral meniscus tear and removal and debridement of tissue. Plain films of the right knee of 08/30/2012 demonstrated diffuse osteophytosis of the right knee. An MRI of the right knee status post arthrogram injection of 07/02/2012 demonstrated a tear of the medial meniscus and lateral meniscus as well as tricompartmental osteoarthritis with chondromalacia.

A prior physician review noted that hyaluronic injections are not recommended for indication other than osteoarthritis and that the medical records do not fully document the criteria for osteoarthritis.

IMR DECISION(S) AND RATIONALE(S)

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

1. Orthovisc injections to the right knee once a week for four weeks is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, 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, Knee Chapter, Hyaluronic acid injections, which is not part of the MTUS.

The Physician Reviewer's decision rationale:
Official Disability Guidelines/Treatment of Workers' Compensation/Knee stated regarding hyaluronic acid injections, "Recommended as an option for osteoarthritis…A series of 3-5 intraarticular injections of hyaluronic acid in the target knee with an interval of 1 week between injections are indicated for patients who…have failed previous knee surgery for their arthritis such as arthroscopic debridement." This patient classically meets these criteria for the requested series of injections. A prior review indicated that the patient did not meet the diagnostic criteria for osteoarthritis. This patient, however, was found to have osteoarthritis intraoperatively, which is the gold standard, as well as radiographically by plain films and by MRI/arthrogram. Therefore, the patient does meet the criteria for this treatment. **The request for Orthovisc injections to the right knee once a week for four weeks is medically necessary and appropriate**

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.

[redacted]

CM13-0018459