

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	12/6/2005
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001924

- 1) MAXIMUS Federal Services, Inc. has determined the request for Orthovisc/Viscoelastic left knee injections **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 Orthovisc/Viscoelastic left knee injections **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

██████████ — 38 year old. DOI- 12-6-05: Repetitive trauma. — The IW has multiple body part complaints (knees, elbows, wrists, shoulders, back). A 6-11-13 record of Dr. ██████████ indicated the bilateral knee symptoms were the worse symptoms. The record indicated a 5-11-10 Right knee MRI study showed: 1. ACL high-grade tear. 2. Femoral tibial gade IV degenerative change lateral compartment. 3. Diminutive medial/lateral meniscus, tear not excluded. 4. Lateral patellar tilt/subluxation. — The record indicated a 9-1-09 Left knee MRI showed: 1. Medial meniscus tear. 2. Medial compartment chondral thinning. 3. Patellofemoral degenerative change, lateral patellar tilt/subluxation, and focal chondral fissure lateral facet. 4. Effusion, synovitis, suprapatellat plica. — The record indicated X-rays taken that day showed: Right Knee moderate to severe degenerative joint disease, and Left Knee moderate degenerative joint disease. — The 6-11-13 record indicated on that day the right and left knees were injected with Kenalog/Lidocaine. There are no updated records available indicating the response to the corticosteroid injections. Due to lack of information in the records available, recommend NON-CERTIFICATION requested Orthovisc/Viscoelastic Inj Left Knee x3. Refer to Official Disability Guidelines (ODG), 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 for Independent Medical Review
- Utilization Review from Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)

NOTE: The Claims Administrator did not submit medical records in this case.

1) Regarding the request for Orthovisc/Viscoelastic left knee injections:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee & Leg Chapter, which is a medical treatment guideline that is not

part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 12/6/2005 with complaints of pain in the knees, elbows, wrists, shoulders, and back. Left knee MRI on 9/1/2009 demonstrated medial meniscus tear, medial compartment chondral thinning, patellofemoral degenerative change, lateral patellar tilt/subluxation, and focal chondral fissure lateral facet. X-rays of the left knee reportedly showed moderate degenerative joint disease. He has been treated with injections including Kenalog/Lidocaine. A request was submitted for Orthovisc/Viscoelastic left knee injections.

The ODG indicates that this type of injection is recommended as a possible option for severe arthritis and osteoarthritis in patients who have not responded adequately to recommended conservative treatments, such as exercise, non-steroidal anti-inflammatories and acetaminophen. The Guidelines further indicate that most recent research fails to demonstrate the efficacy of this procedure in its totality. The records submitted for review indicate the employee has previously had bilateral knee injections, but the efficacy of those injections was not documented. There were no records provided to indicate medical necessity for this request. The request for Orthovisc/Viscoelastic left knee injections 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;

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

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

/sab

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.