

MAXIMUS FEDERAL SERVICES, INC.

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



Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 4/3/2012
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003142

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 left knee three times 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 Physical Medicine and Rehabilitation 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 July 11, 2013:

“According to the clinical documentation, the patient is a 47-year-old individual who sustained an injury on 4/3/12. The mechanism of injury was not documented in the clinical records submitted with this report. According to Primary Treating Physician's Supplemental Report dated 6/26/13 by Dr. [REDACTED], the patient reported ongoing symptoms of the left knee including pain, crepitation, limited range of motion and limited capacity in performing weightbearing activities. The patient had attempted bracing and analgesic medications (name, dose and scheduled use of the medications were not documented). There were no objective clinical findings documented in this report. Treatment plan included series of three Orthovisc injections to the left knee with the intended goal of pain relief and improved function. According Permanent and Stationary Report dated 3/25/13 by Dr. [REDACTED], the patient was diagnosed with left knee significant chondromalacia, medial compartment and patellofemoral compartment. The patient was declared to be permanent and stationary from an orthopedic standpoint and 20 percent whole person impairment. The patient was restricted to sedentary type of work and should not perform weight-bearing activities for more than two hours in a typical eight-hour day. The patient was unable to perform squatting, kneeling, and/or climbing. Future medical care should include repeat visits to physicians for re-evaluation, provision of medication including anti-inflammatory and/or analgesic medications. The patient should be afforded access to bracing and injections of cortisone and/or viscosupplementation. The patient should be afforded access to physical therapy/chiropractic care and/or acupuncture treatment up to three times a year for more significant flare-ups. The patient might require repeat diagnostic studies including radiographs and magnetic resonance imaging (MRI) testing, and might require additional surgery if medically indicated. Ultimately, it was likely the patient was to

require total knee replacement. According to Operative Report elated 9/12/12 by Dr. [REDACTED], the patient underwent examination under anesthesia/arthroscopy of the left knee; extensive chondroplasty of the medial femoral condyle and patellofemoral articulation (chiefly the femoral aspect); abrasional arthroplasty for stage IV disease; medial femoral condyle with microfracture using awl and mallet; removal of the osteochondral osteophyte, medial tibial plateau; lysis of adhesions; and manipulation of the left knee. Magnetic resonance imaging (MRI) of the left knee dated 4/24/12, interpreted by Dr. [REDACTED] documented suspected degenerative cleavage tear in the medial meniscus with partial tear of the posterior root. There was mild to moderate medial and patellofemoral arthrosis. Focal high-grade chondral flap was noted over the lateral trochlea. This is a review of medical necessity for Orthovisc injections to the left knee times 3.”

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 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/11/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for orthovisc injections to the left knee three times :

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2013) Knee and Leg, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Review found the referenced guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 4/3/2012 to the left knee resulting in an aggravation of degenerative changes of the left knee. The medical records provided for review indicate treatments have included surgery, medication management, physical therapy, home exercise program, and use of a brace. The request is for orthovisc injections three times to the left knee.

ODG guidelines recommend Hyaluronic acid injections when a diagnosis of osteoarthritis is present as well as when the patient has failed conservative treatment. In this case, the employee appears to have an established diagnosis of osteoarthritis and an appeal letter dated 6/26/13 noted that viscoelastic injections for the left knee were requested due to ongoing symptoms of pain, crepitation, limited range of motion and limited capacity in performing weight bearing activities. The employee has attempted bracing and analgesic

medications and has failed conservative therapy as well as a previous knee surgery. The request for orthovisc injections three times to the left 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, 18th Floor
Oakland, CA 94612

/pas

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.