

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	2/21/1993
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004815

- 1) MAXIMUS Federal Services, Inc. has determined the request for Orthovisc injections to right knee Qty: 3 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 request for Orthovisc injections to right knee Qty: 3 **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 Physical Medicine and 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 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:

There is a 6/28/13 request for authorization stating the patient has degenerative joint disease (DJD) of the right knee and request was for orthovisc injections x3. There is a hand written prescription for orthovisc dated 6/24/13 by [REDACTED] but no corresponding evaluation/physical exam or report. According to the 7/11/13 report from [REDACTED], the patient has lumbar pain and facet arthropathy. Dr [REDACTED] 8/9/2012 report mentions neck and back pain.

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:

[REDACTED]

- 1) **Regarding the request for Orthovisc injections to right knee Qty: 3:**
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 American College of Occupational and Environmental Medicine (ACOEM), page 65, which is part of the MTUS and the Official Disability Guidelines (ODG), Criteria for Hyaluronic acid or Hylan, 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, (ODG), Knee chapter, Hyaluronic acid injections, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines (ODG) support Orthovisc injections for patients with Osteoarthritis (OA) of the knee. A review of the submitted medical records note a prescription for Orthovisc injections written on 6/24/13 and a RFA for the injections dated 6/28/13. However, there is no medical reporting that corresponds to these dates. A report dated 7/11/13 from the ordering provider notes the employee experiences lower back pain; however, there is no documentation indicating any issues with a knee nor is there any record of a knee examination.

The request for Orthovisc injections to the right knee, Qty: 3 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, 18th Floor
Oakland, CA 94612

/db

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.