

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: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	3/22/2011
IMR Application Received:	8/4/2013
MAXIMUS Case Number:	CM13-0006216

- 1) MAXIMUS Federal Services, Inc. has determined the request for **orthovisc injections times 3 left knee** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **hinged knee supports (right knee only)** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/4/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 times 3 left knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **hinged knee supports (right knee only) 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.

Expert Reviewer Case Summary:

This is a 59-year-old, female, security guard, injured on 3/22/11 when she attempted to stop a shoplifter from leaving the store and was knocked to the ground. She has injuries and lifetime award for bilateral knees, bilateral shoulders, neck, bilateral elbows, hands and wrists. On the 6/4/13 report, she had pain at the left lateral knee and right medial knee. She was diagnosed with bilateral knee strain/sprain with chondromalacia patella. The records show she was given knee polypropylene supports to both knees, but does not wear them. She only uses knee wraps. Then on the 6/20/13 progress report 2, [REDACTED] notes the patient is wearing bilateral knee braces, limping on the left. He finds left knee trace effusion, crepitus, 0-120 range of motion (ROM), McMurrays positive and jt line tenderness. Recommends orthovisc left knee, and MRI shows loss of patellar cartilage.

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 orthovisc injections times 3 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 (ODG), 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 the Official Disability Guidelines (ODG), Knee Chapter, Hyaluronic acid injections.

Rationale for the Decision:

The Official Disability Guidelines state that for the knee, hyaluronic acid/orthovisc injections are indicated if there is documentation of symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology (ACR) criteria. The medical records provided for review indicated the employee is over 50 years old, and has crepitus, but there are no other findings of osteoarthritis. The Agreed Medical Examiner (AME) noted there was no cartilage loss in the knee joint, but did note patellar cartilage loss. The guidelines further state that Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae or patellofemoral arthritis or patellofemoral syndrome. **The request for Orthovisc injections times 3 left knee is not medically necessary and appropriate.**

2) Regarding the request for hinged knee supports (right knee only) :

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) Practice Guidelines, 2nd Edition (2004), Chapter 13, Knee Complaints, pgs. 339-340, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Activity Alteration, pgs. 339-340, which is a part of the MTUS and Official Disability Guidelines (ODG), Knee Chapter, Knee brace, which is not part of the MTUS.

Rationale for the Decision:

The medical records provided for review document exam findings and imaging findings for the left knee. The employee was reported to have knee braces for both knees, but when compared to the ODG and MTUS/ACOEM guidelines, the employee only meets the requirement for a left knee brace. There were no examination findings on the right knee that would meet guideline criteria for a right knee brace. **The request for Hinged Knee Supports (Right knee only) 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

/hs

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.