

Case Number:	CM13-0052703		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2011
Decision Date:	05/16/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 42-year-old gentleman who was injured in a work related accident 02/01/11. He sustained an injury to his right knee for which surgical intervention, including a recent 07/16/13 right knee arthroscopy, chondromalacia of the patella, partial medial meniscectomy and unlimited synovectomy. Follow up orthopedic progress report of 12/02/13 indicated ongoing complaints of pain about the knee, elbow and upper extremity. Specific to his knee he continues to complain of pain about the medial and patellofemoral joint with painful activity. He continues to be painful to palpation at the patellofemoral joint and medial joint line. Previous assessment of 11/26/13 indicated continued complaints of pain about the right knee as well with examination showing a noticeable limp, diffuse tenderness and use of a cane. Prior to this assessment, a course of viscosupplementation of the right knee was recommended for further postoperative pain. It stated on 10/14/13 a corticosteroid injection had been offered but the claimant declined. There is no indication of postoperative injections noted. Formal review of operative report demonstrated grade II chondral changes to the patella with no indication of medial or lateral degenerative change noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS FOR THE RIGHT KNEE #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure.

Decision rationale: CA MTUS guidelines do not address. Official Disability Guidelines criteria, viscosupplementation states injections to the claimant's knee would not be indicated. First and foremost, ortho viscosupplementation injections are not recommended for isolated patellofemoral change which is noted in this case in a grade II fashion. The patient would be with mild degenerative changes with no indication of postoperative procedure to have included a corticosteroid injection. The acute need of viscosupplementation injections for mild degenerative findings in absence of treatment including corticosteroid would not be indicated. The request for Orthovisc Injections for the Right Knee #4 is not medically necessary and appropriate.