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| <b>Case Number:</b>   | CM13-0013793 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 04/07/2008 |
| <b>Decision Date:</b> | 01/28/2014   | <b>UR Denial Date:</b>       | 07/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 male patient with a date of injury of April 7, 2008. A utilization review determination dated July 31 2013 recommends noncertification of orthovisc injections. A progress report dated March 22, 2013 identifies, "the patient continues to have pain in his right knee. It is activity related. He avoids squatting, kneeling, and crawling. He cannot run. He also avoids stairs and ladders. He has pain every day. He does not have rest pain, but he does have night pain and has difficulty sleeping. The pain is both on the anteromedial and anterior lateral joint line." Physical examination identifies, "examination of his lower extremities shows that he has pain in his right knee. The right knee is in Varus. His left knee is nice and straight. He opens with valgus stress and then falls back into the area of loss of cartilage on the medial femoral condyle and medial tibial plateau. Anterior and posterior drawer signs are negative. No genu recurvatum. The tibia does not sag posteriorly on the femur. Patellofemoral crepitus is present. There is no pain over the quadriceps or patellar tendon. Standing AP x-rays taken today show narrowing of the medial joint space of the right knee. It is about 50% of what I would anticipate." Recommendations state, "I would try Visco supplementation. I would be happy to do that if you so desire." A progress report dated January 31, 2013 identifies, "here for knee pain management. Doing well on tramadol and aspirin but about 2 - 3 times a week needs something stronger." Objective examination identifies, "alert and oriented, right knee catches with flex." Treatment plan recommends continuing tramadol, and start Vicodin. A progress report dated July 24, 2013 identifies subjective complaints stating, "he has been quite symptomatic recently. He has pain every day. It is activity related. He avoids squatting, kneeling, crawling, stairs and ladders. He cannot run. The pain is primarily activity related." The note goes on to state, "I strongly rec

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections to right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339.

**Decision rationale:** Regarding the request for Orthovisc injection, Occupational Medicine Practice Guidelines state that invasive techniques are not routinely indicated. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise and NSAIDs, to potentially delay total knee replacement. Guidelines go on to recommend criteria for hyaluronic acid injections including a failure to adequately respond to aspiration and injection of intra-articular steroids. Additionally, they recommend that patients meet the American College of Rheumatology criteria for severe arthritis. Within the documentation available for review, there is no indication that the patient has previously failed an intra-articular steroid injection. Additionally, it is unclear whether the patient has previously undergone hyaluronic acid injections. Finally, the documentation does not meet the American College of Rheumatology criteria for severe arthritis. As such, the currently requested Orthovisc is not medically necessary.