

<b>Case Number:</b>	CM13-0021481		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine & 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 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:

The patient has submitted a claim for knee pain with an industrial injury date of June 20, 2013. Treatment to date has included medications, physical therapy, Hyalgan injections, and cortisone injections. Medical records from 2013 were reviewed, which showed that the patient complained of knee pain from osteoarthritis. On physical examination, the patient was morbidly obese. There was effusion and significant crepitus with motion and joint line tenderness. The patient was noted not to be a candidate for knee replacement because of morbid obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 ORTHOVISC INJECTION TO RIGHT KNEE UNDER ULTRASOUND GUIDANCE BETWEEN 8/23/2013 AND 10/12/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** CA MTUS does not address viscosupplementation; however, the Official Disability Guidelines state that viscosupplementation injections are recommended in patients

with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, although the patient is not a candidate for knee replacement because of morbid obesity, there was no discussion regarding failure of conservative management, including non-pharmacologic and pharmacologic treatments. There was also no documented x-ray or arthroscopy findings of osteoarthritis. Furthermore, there was no discussion regarding the severity of knee symptoms. There is no clear indication for viscosupplementation; therefore, the request for 4 orthovisc injections to right knee is not medically necessary.