

<b>Case Number:</b>	CM13-0027854		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/23/2009
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Texas. 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 is a 46-year-old female who reported an injury on 01/06/2012. The patient was reportedly injured secondary to repetitive trauma. The patient is currently diagnosed with lumbar strain with intermittent radiculopathy, right hip arthropathy, status post right hip arthroscopy, and right knee strain. The patient was recently seen by [REDACTED] on 08/19/2013. The patient reported a decrease in right knee pain after a steroid injection. Physical examination revealed a decrease in swelling about the right knee, diffuse tenderness with manipulation of the patella, and tenderness along both medial and lateral joint lines. Treatment recommendations included continuation of current medications. It was also noted that an office procedure for the right knee was to be requested in a subsequent supplement report

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOVISC INJECTION TO THE RIGHT KNEE, x3: 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, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as cortisone injections are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. There is also no documentation of an exhaustion of conservative treatment. There is no documentation of symptomatic severe osteoarthritis such as bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, or no palpable warmth of synovium. There is no indication that pain has interfered with functional activities and is not attributed to other forms of joint disease. There is also no evidence of a failure to adequately respond to aspiration and injection of intra-articular steroids. Based on the clinical information received, the patient does not appear to meet criteria for the requested service. As such, the request is non-certified.