

<b>Case Number:</b>	CM13-0037382		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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:

The patient is a 47-year-old male who reported an injury on 10/26/2011. The patient is currently diagnosed with lumbar musculoligamentous injury, lumbar pain, SI joint sprain, and left knee internal derangement. The patient was seen by [REDACTED] on 09/30/2013. The patient reported no change in symptoms. The treatment recommendations included a trial of physical therapy, rest, ice, anti-inflammatory medication, an unloader brace, and viscosupplementation injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections left knee:** 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 Section.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration and cortisone injections are not routinely indicated. The Official Disability Guidelines state hyaluronic acid injections are indicated in patients who

experience significantly symptomatic osteoarthritis and have not responded adequately to conservative treatment. As per the documentation submitted, there is no evidence of symptomatic osteoarthritis. There is no documentation of pain that has interfered with functional activities and has not responded to recent conservative treatment. Additionally, it is noted on 07/23/2013 by [REDACTED], the patient has attempted treatment with viscosupplementation injections, which have been unsuccessful. Based on the clinical information received, the request is non-certified.