

<b>Case Number:</b>	CM13-0045035		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, 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:

The patient is a 54-year-old female who reported an injury on 09/01/2004. The patient is diagnosed with osteoarthropathy in the left knee, meniscal degeneration, status post remote right total knee arthroplasty in 04/2010, and low back pain with lower extremity symptoms. The patient was seen by [REDACTED] on 09/13/2013. The patient reported continued discomfort in her left knee. Physical examination revealed crepitus throughout range of motion and 1+ effusion. The treatment recommendations included a series of Orthovisc injections for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three orthovisc injections for the 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and [REDACTED] Practice Guidelines

state invasive techniques are not routinely indicated. The Official Disability Guidelines state hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments. As per the clinical documentation submitted, there is no evidence of bony enlargement, bony tenderness, less than 30 minutes of morning stiffness, no palpable warmth of synovium, or pain that has interfered with functional activities that is not attributed to other forms of joint disease. There is also no evidence of a failure to adequately respond to aspiration and/or injection of intra-articular steroids. Based on the clinical information received, the patient does not currently meet criteria for the requested service. As such, the request for three orthovisc injections for the left knee is non-certified.