

<b>Case Number:</b>	CM13-0048592		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/26/1991
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Orthopedic Surgery 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 59-year-old male was injured on 06/26/91. Notes provided by [REDACTED] dated January 2013 through October of 2013, documented that this claimant has been treated for osteoarthritis of the knees. There was documentation that he received viscosupplementation injections in July of 2012. and that series of injections were effective through the end of December of 2012. History and physical examination findings in the notes provided were consistent with osteoarthritis. X-rays were obtained at the October 2013, office visit that documented complete loss of medial joint space in the bilateral knees. Repeat viscosupplementation for both knees was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc series bilateral knees x3:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Orthovisc series (hyaluronic acid injections) to the bilateral knees times three would be considered medically appropriate based upon the records provided in this case

and the Official Disability Guidelines. California MTUS ACOEM Guidelines do not address this issue. If one looks towards the Official Disability Guidelines, repeat injections are appropriate for patients who are treated for symptomatic knee osteoarthritis if there is significant improvement from prior injections for at least six months. In this case, this claimant has established osteoarthritis in the knees documented by x-rays and received relief of symptoms for at least six months with a previous series of hyaluronic acid injections in 2012. Therefore, per the Official Disability Guidelines, Orthovisc series to the bilateral knees would be considered medically appropriate in this case.