

<b>Case Number:</b>	CM13-0054155		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 is a female patient with a date of injury of September 7, 2011. A utilization review determination dated October 22, 2013 recommends noncertification of Orthovisc injection X3 left knee. A progress report dated December 19, 2013 identifies subjective complaints indicating that the patient's right shoulder is better with surgery. The physical examination identifies tenderness to palpation in the right shoulder as well as improved range of motion. The diagnoses include medial meniscus tear left knee, chondromalacia patella left knee, status post surgery October 24, 2012 of the left knee, right shoulder impingement syndrome status post arthroscopy may want 2013, and subacromial bursitis. The current treatment plan recommends continuing physical therapy. A progress report dated October 28, 2013 includes subjective complaints of left knee pain. There does not appear to be a physical examination of the patient's knee. An appeal letter dated October 29, 2013 indicates, "intra-operatively there was noted to be stage 4 disease of the medial femoral condyle, and chondroplasty was performed at that time." The note indicates that a cortisone injection was attempted and physical therapy has been performed. The patient has utilized a brace for her knee and has used a home exercise program. On physical examination there continues to be trace effusion with significant crepitus upon range of motion. The note indicates that radiographs performed on September 17, 2013 revealed a mild degree of narrowing of both the medial and lateral compartments with spurring of the patella. The treatment plan recommends Viscosupplementation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**orthovisc injections times three to the left knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic Acid Injections

**Decision rationale:** Regarding the request for Orthovisc, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. The ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, the requesting physician has now documented that the patient has failed conservative treatment including steroid injections, physical therapy, a home exercise program, and medication. Additionally, he has indicated that during the arthroscopic surgery, there was noted to be stage 4 arthritic changes (severe arthritis). As such, the patient has met the indications for hyaluronic injections. Therefore, the currently requested Orthovisc injections X3 left knee is medically necessary.