

<b>Case Number:</b>	CM13-0057255		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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 43-year-old who sustained a work related injury on October 17 2009. Subsequently he developed chronic knee pain. According to a note dated October 7 2013, the patient continued to complain of chronic knee pain bilaterally. The pain increased with ambulation. The patient was using a cane for walking. Physical examination demonstrated knee tenderness bilaterally, The patient was diagnosed with chondromalacia. The provider recommended orthovisc series bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE ORTHOVISC INJECTION WITH ULTRASOUND GUIDANCE, ONCE PER WEEK FOR THREE WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to Official Disability Guidelines, Hyaluronic acid injections is recommended as a possible option for severe osteoarthritis for patients who have not responded

adequately to recommended conservative treatments (exercise, NSAIDs [non-steroidal anti-inflammatory drugs] or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. There is no documentation that the patient suffered from osteoarthritis. The request for left knee orthovisc injection with ultrasound guidance, once per week for three weeks, is not medically necessary or appropriate.

**RIGHT KNEE ORTHOVISC INJECTION WITH ULTRASOUND GUIDANCE, ONCE PER WEEK FOR THREE WEEKS:** 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), Hyaluronic Acid Injections Section.

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

**Decision rationale:** According to Official Disability Guidelines, Hyaluronic acid injections is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs [non-steroidal anti-inflammatory drugs] or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. There is no documentation that the patient suffered from osteoarthritis. The request for right knee orthovisc injection with ultrasound guidance, once per week for three weeks, is not medically necessary or appropriate.