

<b>Case Number:</b>	CM13-0058013		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 55-year-old female who was injured on 05/23/2013, while bending down on a ladder in a store room and heard a pop in the left knee. The treatment history includes physical therapy, injections, bracing, rest, and left knee arthroscopic partial medial meniscectomy and left knee arthroscopic lateral tibial plateau chondroplasty on 08/08/2013. An MRI of the left knee was taken on 06/12/2013, which revealed a complex tear of the posterior horn and body of medial meniscus; a sprain of the posterior cruciate ligament; a mild generalized thinning of the articular cartilage and mild joint effusion. An electromyography/nerve conduction study (EMG/NCS), dated 09/27/2013 showed a normal study with no evidence of peripheral neuropathy or lumbar radiculopathy. An MRI of left knee dated 09/28/2013, revealed the medial meniscus was mild to moderately diminutive in size consistent with partial meniscal resection, which has occurred since the prior examination. There was a shallow (2 mm deep) area along the free edge of the meniscal remnant posteriorly and to a lesser extent in the mid zone suspicious for a small, shallow tear component. There was minimal diffuse bone marrow edema evident along the femoral condyles, patella and to a lesser extent the anterior tibia without osteonecrosis or fracture. These findings were non-specific but might be encountered with disuse. There was thickening and edema of the medial collateral ligament consistent with mild MCL sprain, a progression in comparison to the prior study. A moderate sized joint effusion was present. A note was again made of suprapatellar plica. The right knee MRI dated 10/03/2013 showed that there were some chondromalacia changes along the patellar cartilage and there was a grade 2 degenerative signal seen in the medial and lateral menisci slightly greater in the medial meniscus. There were no meniscal tears appreciated. On 10/05/2013, an MRI of lumbar spine w/o contrast revealed very minimal scoliosis convex towards the left, centered at the L2 level unchanged. There were mild degenerative changes from the L3-4 through the L5-S1 levels. No

significant central canal or neural foraminal narrowing was appreciated-unchanged. A clinic note dated 10/07/2013 indicates that the physical examination showed a healthy appearing female. The musculoskeletal revealed a normal light touch deep peroneal, superficial peroneal, sural, saphenous and tibial nerve distribution. An exam also showed an intact extensor hallucis longus (EHL), TA, Gs motor with 2+ dorsalis pedis pulse and well healed incisions without erythema, drainage or signs of infection. The range of motion (ROM) was 0/0/120. An assessment showed that there was left traumatic knee pain and effusion, a left knee medial meniscal tear, and status post left knee arthroscopic partial medial meniscectomy on 8/8/13. The plan was we will try cortisone injection today.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthovisc injection 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), Knee Chapter, Hyaluronic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Knee & Leg (Acute and Chronic), Hyaluronic acid injections

**Decision rationale:** The Official Disability Guidelines indicate that an Orthovisc injection is "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments." The records submitted for review indicates that there is no evidence of significant osteoarthritis of the left knee, but there is evidence of chondromalacia patella on MRI, dated 10/03/2013. The guidelines also indicate that hyaluronic acid injections are not recommended for chondromalacia patellae because of the effectiveness of hyaluronic acid injections for these indications has not been established. Thus, the medical necessity has not been established and the request for Orthovisc injections to left knee is non-certified.