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| <b>Case Number:</b>   | CM13-0059748 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/20/2004 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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:

The patient is a 67-year-old who reported an injury on 09//20/2004. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left shoulder arthroscopy, residual bilateral shoulder bursitis and impingement, bilateral knee chondromalacia patella, bilateral knee moderate degenerative joint disease, bilateral shoulder AC degenerative joint disease, right shoulder SLAP lesion, right shoulder subscapularis partial tear, right knee osteochondral lesion, bilateral knee severe patellofemoral degenerative joint disease, and left shoulder lesion. The patient was recently seen by [REDACTED] on 11/13/2013. The patient reported 6/10 bilateral knee pain. The patient presented for a third and final Orthovisc injection to bilateral knees. The patient was also participating in aquatic therapy and a home exercise program. Physical examination of bilateral knees revealed positive painful patellofemoral crepitus with range of motion, positive McMurray's testing, tenderness over the medial joint line and lateral joint line, 0 to 130 degree range of motion, and 5/5 motor strength. X-rays obtained in the office on that date indicated moderate degenerative joint disease of bilateral knees. Treatment recommendations included Orthovisc injections to bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Orthovisc injections (NDC 89676-0360-01[20610] x2, [J7324]x2): 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Hyaluronic Acid Injections Section

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines state invasive techniques such as needle aspiration of effusions or cortisone injections are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment for at least three months. As per the documentation submitted, there is no evidence of this patient's failure to respond to at least three months of conservative treatment, including exercise and medications. There is also no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. The patient has been treated with Orthovisc injections in the past. However, there is no documentation of significant improvement in symptoms for 6 months or more. Based on the clinical information received, the patient does not meet criteria for the requested procedure. The request for bilateral Orthovisc injections (NDC 89676-0360-01[20610] x2, [J7324]x2) is not medically necessary or appropriate.