

<b>Case Number:</b>	CM13-0060549		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 57-year-old male with a date of injury 10/18/2013. According to the progress report dated 11/25/2013, the patient complained of low back pain. He noted a pinching sensation at the left lower extremity that causes sharp increase in pain. The pain radiates from the low back into the waist and sciatic region. Prolong sitting, repetitive bending, stopping, squatting, twisting, lifting, and exposure to cold weather aggravate his condition. Significant objective findings include normal heel and toe walk, and negative Fabere test. Minor's sign, Valsalva, Kemp's test, Yeoman, Braggard's test, and iliac compression test reveal pain bilaterally. Straight leg raise in the supine position revealed pain at 50 degrees bilaterally. The patient's reflexes in the knees, hamstrings, and ankles were normal bilaterally. The patient has no loss of sensibility or abnormal sensation corresponding to L1-S2 dermatome. The range of motion in the lumbar spine was restricted due to pain. The patient was diagnosed with lumbar sprain and thoracic or lumbosacral neuritis or radiculitis unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOVISC INJECTIONS, ONE (1) SHOT A WEEK FOR THREE (3) WEEKS 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 & Leg Chapter, Hyaluronic Acid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address the use of Orthovisc injections; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines state that Orthovisc (hyaluronic acid) injections are recommended in the treatment of severe osteoarthritis; however, other conditions such as patellofemoral arthritis, chondromalacia of patella, osteochondritis desiccans, or patellofemoral syndrome are not recommended indications for use. As the patient has diagnoses of mild patellofemoral arthritis and left knee pes anserine bursitis, she does not qualify for Orthovisc injections. As such, the request for Orthovisc injections for the left knee is non-certified.