

<b>Case Number:</b>	CM13-0066119		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 New York. 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 male who has a date of injury of October 3, 2012 when he fell on his right knee and later twisted his knee while on a ladder. He had surgical treatment consisting of a chondroplasty procedure on February 1, 2013. He's had physical therapy since then. He continues to complain of knee pain. Patient complains of knee pain rated 4 or 5 out of a scale of 10. It is worse with activity. X-rays of the knee taken on January 8, 2013 show no evidence of fracture and only minimal narrowing of the medial compartment of the joint consistent with early degenerative change. MRI of the right knee from November 30, 2012 shows a tear of the posterior horn and medial meniscus and a chondral defect in the medial tibial plateau. There was also chondromalacia of the medial femoral condyle. On physical examination he has tenderness of the medial joint line. He has a normal range of motion from 0 to 130° of his knee, ligaments are stable. There is no mention of McMurray, locking, or quadriceps testing. He has been treated with physical therapy and NSAID medications. The patient had satisfactory relief with previous Orthovisc injections x3 for the right knee and he desires another injection. At issue is whether Orthovisc injection is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Arthroscopy" 2014 Jan:30(1):86-9; and "Journal of American Academy of Orthopedic Surgeons" 2013 Sep:21(9):571-6.

**Decision rationale:** Guidelines do not recommend the use of Knee Visco supplementation injection procedures for osteochondral defects in the knee. This employee does not have radiographic evidence of advanced arthritis of the knee. Specifically the radiographs of the knee do not demonstrate severe destructive joint line changes indicative of advanced osteoarthritis. This employee does not meet established criteria for the Visco supplementation treatment. In addition, established guidelines to the American Academy of Orthopedic Surgeons do not support the use of knee Visco supplementation injections for the treatment of osteoarthritis. The efficacy of this procedure has been questioned by the current literature. Not only does this employee not meet criteria for Visco supplementation of the knee, the procedure itself has not been recommended according to the guidelines established by the American Academy of Orthopedic Surgeons.