

<b>Case Number:</b>	CM13-0069564		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/10/2004
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old male who reported an injury on 08/01/2004. The mechanism of injury was cumulative trauma. The injured worker is diagnosed with posttraumatic osteoarthritis of the left knee. His previous treatments included physical therapy, medication and 2 left knee surgeries. Within the most recent clinical note dated 11/04/2013 the injured worker complained of continued pain in his left knee. On physical examination, the physician reported the left knee extension was 0 degrees and flexion was 120 degrees with crepitus and pain. The treatment plan included a request for a series of 3 Orthovisc injections for the left knee. The rationale for the requested Orthovisc injections was not stated in the medical records. The Request for Authorization was submitted on 11/07/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOVISC INJECTIONS TIMES THREE TO THE LEFT 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 Official Disability Guidelines (ODG), Knee & leg, Hyaluronic acid injections.

**Decision rationale:** The request for orthovisc injections times three to the left knee is not medically necessary. The Official Disability guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment (exercise, NSAIDs or acetaminophen) to potentially delay knee replacement. Intra-articular injections of the hyaluronic acid can decrease symptoms of osteoarthritis of the knee and there are significant improvements in pain and functional outcomes with adverse events. The guideline criteria for the hyaluronic acid injections include documented symptomatic severe osteoarthritis of the knee which may include: Bony enlargement, bony tenderness, crepitus on active motion and less than 30 minutes of morning stiffness. The guidelines also indicate that the documentation should be provided to indicate that the pain interferes with functional activities (e.g. ambulation, prolonged standing) and not attributed to other forms of joint disease, and failure to adequately respond to aspiration and injections of intra-articular steroids. Per the clinical documentation, the patient had complaints of pain in his left knee and crepitus with movement. However, it is unclear if the injured worker had failed a recent course of conservative treatment including medications, physical therapy and steroid injections. As such, the request for Orthovisc injections times three to the left knee is not medically necessary.