

<b>Case Number:</b>	CM14-0004791		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine 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 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:

This is a 56-year-old female with a 7/31/08 date of injury, when she slipped and fell. The patient underwent left knee arthroscopic subtotal medial and lateral meniscectomy on 6/16/11. The patient was seen on 10/23/13 with complaints of pain in the left knee. Exam findings of the left knee revealed tenderness to palpation of the medial joint line, flexion 125 degrees and no swelling, effusion or crepitus. The patient was ambulating with a cane and was wearing an Ace wrap on the left knee. The progress note indicated that the patient received a Synvisc injection on 8/8/13 and noticed improvement since the injection with decreased pain and improved mobility. The diagnosis is status post left knee arthroscopy and residual knee pain with range of motion limitations secondary to multi-compartment osteoarthritis. Treatment to date: left knee arthroscopy, work restrictions, steroid injections, Synvisc injection and medications. An adverse determination was received on 12/11/13 because it has not been 6 months since the last viscosupplementation injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injections 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, HYLURONIC

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

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In addition, for repeat series of injections: If relief for 6-9 months and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement. However the progress notes stated that the patient received a Synvisc injection on 8/8/13 with improvement and decreased pain, there is a lack of documentation indicating the duration of improvement in the patient's symptoms. In addition, there are no recent progress notes with patient's functional status and physical examination. Additionally, the Guidelines do not recommend more than 3 series of injections over a 5-year period. Lastly, the number of requested injections was not specified. Therefore, the request for Orthovisc injections for the left knee was not medically necessary.