

<b>Case Number:</b>	CM14-0102747		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old male was reportedly injured on 7/25/2013. The mechanism of injury is not listed in these records reviewed. The claimant underwent left hip arthroplasty on 10/30/2013. The most recent progress note dated 3/27/2014, indicates that there are ongoing complaints of left knee pain after hip surgery. Physical examination demonstrated no pain with left hip range motion; no left knee swelling or effusion; left knee range motion is good, elicits mild discomfort; minimal jointline tenderness; knee stable in all planes; straight leg raise negative; calf soft, non-tender; neurovascular grossly intact; rises from a seated position and ambulates with ease and a slight limp, unassisted. Plain radiographs of the left knee demonstrated mild degenerative joint disease. Diagnosis: left knee pain and mild degenerative joint disease. Previous treatment includes physical therapy and medications. A request had been made for Orthovisc injection, which was not certified in the utilization review on 6/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections x3 over 3 weeks for 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** ACOEM Guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records, documents plain radiographs and a diagnosis of mild knee osteoarthritis; however, there is no documentation of physical therapy for the knee or treatment with medications other than opioids. The guidelines do not support Synvisc injections, therefore, this request is not considered medically necessary.