

<b>Case Number:</b>	CM14-0102953		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/14/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<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 injured worker is a 46-year-old female who was reportedly injured on October 14, 2004. The mechanism of injury is a left knee twisting injury. The most recent progress note dated March 31, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated left knee range of motion from 0 to 130 with crepitus. There was no joint line tenderness or effusion. Knee strength was 5/5 and there was a negative McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee diagnostic arthroscopy, synovectomy, chondroplasty and medial femoral condyle debridement performed in 2008 as well as prior Orthovisc injections in 2011. A request was made for an Orthovisc injection and 12 visits of physical therapy and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection (L) knee (x3):** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Hyaluronic Acid Injections, Updated June 5, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for hyaluronic acid injections includes documentation of severe osteoarthritis of the knee and failure to respond to aspiration and injection of the intra-articular steroids. There is no radiographic evidence provided that the injured employee has severe osteoarthritis of the knee nor has there been any mention of failure to respond to the administration of intra-articular steroids. For these reasons this request for Orthovisc injections is not medically necessary.

**Physical Therapy (x12):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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, Physical Therapy, Updated June 5, 2014.

**Decision rationale:** According to the medical record the injured employee sustained a work-related injury in 2004 and has almost certainly completed previous physical therapy since that time. Additionally postoperative physical therapy would have also been conducted after the previous left knee surgery. Therefore it is unclear why additional physical therapy is requested at this time. Without justification, this request for 12 visits of physical therapy is not medically necessary.