

<b>Case Number:</b>	CM14-0018084		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & Rehabilitation 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:

The injured worker is a 54 year old female who reported a knee injury on 11/01/2012. On 01/10/2014 a physician's progress report states that the injured worker is 14 months status post left knee hemipatellectomy, patellar tendon repair and multi-compartment synovectomy and was continuing to improve. This report documents mild crepitation and range of motion at 0-135 degrees. The injured worker had an injection of 1cc of betamethasone with 2cc of marcaine and 1cc of lidocaine and she tolerated it well. The treatment and plan was reviewed and approved by [REDACTED] and she will follow-up in 4-6 weeks unless she has continued symptoms. She is working with the restriction of no kneeling or squatting. The request for authorization form was signed on 01/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOVISC INJECTIONS 1 X 4 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) TWC 2013.

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

**Decision rationale:** The injured worker had a patellar fracture and is status post hemipatellectomy, patellar tendon repair, and multi-compartment synovectomy. Documentation obtained in a physician's progress report dated on 01/10/2014 indicates improvement with findings of 0-135 degree range of motion. There was mild crepitation and an injection was used at that visit. This visit did not indicate a pain level or if relief was obtained with injection. Official Disability Guidelines (ODG) criteria for Hyaluronic acid injections require significant symptomatic osteoarthritis unimproved with exercise or pharmacologic treatment. The most recent physical evaluation states improvement. Guidelines require noisy, grating sounding crepitus and the physical evaluation indicates only mild crepitus. The ODG require documentation of improvement after intra-articular steroid injections and current findings do not furnish enough documentation to support relief. Furthermore, the left knee x-ray on 08/05/2013 failed to reveal any osteoarthritis. Therefore, the request for Orthovisc injections is not medically necessary and appropriate.