

<b>Case Number:</b>	CM14-0133064		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Orthopedic Surgery has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 55 year old female whose date of injury is 01/19/2012. The mechanism of injury is not described. Note dated 07/17/14 indicates that the injured worker complains of bilateral knee pain. On physical examination there is a small effusion of the right knee. Range of motion is -3 to 115 degrees. Left knee range of motion is -5 to 110 degrees. There is tricompartmental tenderness. The injured worker is noted to be status post right total knee replacement. Diagnoses are status post right total knee replacement with arthrofibrosis, postoperative weakness, and symptomatic osteoarthritis left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection 1x week for 3 weeks left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Hyaluronic Acid Injections

**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, Hyaluronic acid injections

**Decision rationale:** Based on the clinical information provided, the request for orthovisc injection 1 x week for 3 weeks left knee is not recommended as medically necessary. The submitted records fail to document that the injured worker has undergone any recent active treatment or steroid injection to the knee as required by the Official Disability Guidelines. There are no updated radiographic reports/imaging studies of the left knee submitted for review. Given the current clinical data, the requested orthovisc injection is not medically necessary.