

<b>Case Number:</b>	CM14-0157159		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 55 year old female employee with date of injury of 7/9/2011. A review of the medical records indicate that the patient is undergoing treatment for right hip and gluteal contusion, left ankle sprain/strain, right knee contusion (rule out SI joint dysfunction, chronic low back pain superimposed upon chronic degenerative disc disease and arthritis of the lumbar spine. She is s/p right knee multi-compartment synovectomy and medial and lateral meniscectomy. Subjective complaints include soreness in the knee post arthroscopic multi-compartment synovectomy, partial medial and lateral meniscectomy and chondroplasty. Objective findings include right knee exam revealing range of motion 0 to 120 with mild effusion and mild to moderate crepitation. An exam of the right knee revealed medial joint line tenderness and mild lateral joint line tenderness; McMurray's test positive with varus and valgus stress; knee is stable to anterior, posterior, medial and lateral stress. Treatment has included physical therapy, anti-inflammatory medication and Cryo/Cuff. Additional medications include oxycodone, gabapentin, naproxen, omeprazole, cyclobenzaprine, Dulera, tizanidine, tramadol, lisinopril, and albuterol. The utilization review dated 8/27/2014 non-certified the request for Orthovisc injections right knee, once a week for 4 weeks QTY: 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections right knee, once a week for 4 weeks QTY: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Knee and Leg: Criteria for Hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

**Decision rationale:** Orthovisc is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided Orthovisc injections. ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;". The patient had right knee arthroscopic surgery for multi compartment synvectomy and medial and lateral meniscectomy on 5/29/14. On 7/25/14 medical documents note that the patient was improving with therapy. that "This RCT (randomized controlled trials) found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA (hyaluronic acid) after knee arthroscopy cannot be recommended". A conversation by the utilization reviewer with a Joanna at the treating physician's office confirmed that the medical documents do not detail an injury related to severe osteoarthritis. As such, the request for Orthovisc injections right knee, once a week for 4 weeks QTY: 4 is not medically necessary.