

<b>Case Number:</b>	CM14-0164978		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker. The date of injury is October 3, 2013. The patient sustained an injury to the left wrist and right knee. The specific mechanism of injury was not fully elaborated on in the notes available for review but it does appear that it involved a slip and fall accident. The patient currently complains of pain in right knee worse with ambulation and movement. X-ray of the right knee indicated joint space narrowing and MRI showed medial meniscus tear and lateral meniscal tear with moderate joint effusion. A request for 3 orthovisc injections over 3 weeks to the right knee was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Orthovisc Injections over 3 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

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

**Decision rationale:** According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded

adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen. According to the documents available for review, the patient does not have a diagnosis of severe osteoarthritis. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.