

<b>Case Number:</b>	CM14-0167525		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of November 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; knee corticosteroid injection therapy; earlier right-sided total knee replacement surgery; a lumbar laminectomy surgery; and arthroscopic shoulder surgery. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for viscosupplementation (Orthovisc) injections. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported ongoing complaints of low back and left knee pain. The applicant was given a diagnosis of knee pain status post right total knee replacement, low back pain status post lumbar laminectomy, right shoulder pain status post shoulder arthroscopy, and left knee peripatellar pain. The applicant received a left knee corticosteroid injection. Left knee viscosupplementation injections were sought while prescriptions for tramadol, Protonix, Naprosyn, and Fexmid were renewed. The applicant's work status was not stated. In a September 3, 2014 RFA form, it was stated that viscosupplementation injections being sought represented a trial of the same. In a permanent and stationary report dated June 17, 2014, it was acknowledged that the applicant was not working, was a qualified injured worker, was given permanent work restrictions, and was given a 40% whole person impairment rating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Orthovisc injections to 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, Knee and Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections Viscosupplementation Injections

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that viscosupplementation (Orthovisc) injections can be employed to address issues with post-meniscectomy knee pain and/or moderate to severe knee arthritis, in this case, however, the attending provider's documentation did not clearly establish either diagnosis of post-meniscectomy left knee pain and/or left knee arthritis. There was no mention of the applicant's having issues with left knee arthritis. The stated diagnosis was that of left knee peripatellar pain. This is not an indication for Orthovisc (viscosupplementation) injections, per ACOEM. It is further noted that the MTUS Guideline in ACOEM Chapter 13, page 339 notes that invasive techniques such as the intraarticular knee Orthovisc injections at issue here, are "not routinely indicated." In this case, the applicant received a conventional knee corticosteroid injection on September 3, 2014. If successful, said corticosteroid injection would likely obviate the need for the proposed Orthovisc (viscosupplementation) injections at issue. The attending provider, however, seemingly sought authorization for the Orthovisc injections without gauging the applicant's response to the earlier corticosteroid injection performed on September 3, 2014. The request, thus, as written, runs counter to ACOEM principles and parameters. Therefore, the request for Series of 3 Orthovisc injections is not medically necessary.