

<b>Case Number:</b>	CM14-0170912		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Rehab 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 76-year-old male who sustained an injury on 12/01/03. As per the only available report of 8/11/14, he presented for a routine follow-up of his left knee. Examination revealed he was ambulatory without support but with a limp and decreased gait velocity with tenderness and crepitation. Current medications include Hydrocodone-Acetaminophen, Losartan, Amlodipine, Metformin, and Atorvastatin. He had a well-documented history of osteoarthritis of the left knee for which he has received ultrasonically guided injections of hyaluronic acid in the form of Orthovisc in the past with good benefit. His knee pain has returned and so the provider has recommended for another series of injections. He had a recent denial of the injection on 7/21/4. Diagnosis includes osteoarthritis of the left knee. The request for Orthovisc Injections, left Knee, per 08/11/14 pr2 qty 3 was denied on 10/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injections, Left Knee, Per 08/11/14 pr2 qty: 3.00: 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), Knee & Leg (UPDATED 10/07/14), 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 chapter

**Decision rationale:** Per ODG, Orthovisc (Hyaluronic acid) is indicated in patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); - 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. In this case, there is no documentation of severe knee osteoarthritis based on the American College of Rheumatology (ACR) criteria. There is limited evidence of sufficient conservative treatment of at least three months duration. The medical records do not show that the criteria are met. Therefore, the request is not medically necessary per guidelines.