

<b>Case Number:</b>	CM14-0176984		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

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

After careful review of the medical records, this is a 64-year-old female with complaints of right knee pain. The date of injury is 01/24/13 and the mechanism of injury is while taking the elevator tripped on a rug in front of the elevator, falling face down injuring both knees and felt impact through her whole body). At the time of request for Orthovisc, there is subjective (right knee pain and pain over the entire knee which is intermittent. Pain level is 6/10.), objective (tenderness to palpation over the right medial joint line; positive McMurray and Thessaly; bilateral knees ROM 0/125 degrees with 5+/5 strength), findings, imaging/other findings (MRI of the right knee dated 5/10/13 revealed tiny medial meniscus horizontal tear; and moderate chondromalacia and small popliteal cyst. X-ray of the bilateral knees dated 07/15/14 revealed mild diffuse osteopenia, and no significant joint space narrowing or osteophyte formation), surgery, (right finger surgery and arthroscopic surgery dated 06/26/13), allergies, (Erythromycin, Vibramycin, Penicillin, Sulfa drugs, Claritin and Codeine), current medications (Armour Thyroid, ProAir HFA, Vicodin, alendronate, and omeprazole), diagnoses(pain in joint involving lower leg), treatment to date (three injections Orthovisc with pain relief, cortisone or Synvisc with no relief, medications, and physical therapy). The request for Orthovisc injections times three (3) to bilateral knees: was denied on 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections times three (3) to Bilateral Knees: 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)-TWC 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 & Leg; Hyaluronic Acid Injections

**Decision rationale:** Orthovisc is a sterile mixture that is made up mostly of a natural, highly purified sodium hyaluronate that comes from rooster combs. Hyaluronate is a natural chemical found in the body and it is present in a particularly high amount in joint tissues and in the fluid that fills the joints. The body's own hyaluronate acts like a lubricant and a shock absorber in the joint and it is needed for the joint to work properly. In osteoarthritis, there may not be enough hyaluronate, and there may be a change in the quality of the hyaluronate in joint fluid and tissues. 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. Furthermore, although there is documentation of pain relief from previous hyaluronic acid injections, there are no details as to the percentage of pain relief, duration of pain relief, and when the injections were given. Therefore, the request is not medically necessary.