

<b>Case Number:</b>	CM14-0023906		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/02/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 45 year old male who reported an injury on 03/02/2001. The mechanism of injury was not provided. The injured worker had x-ray exam on 05/08/2013 which showed post- surgical changes of the knees bilaterally. He also had a MRI test done on 10/22/2013 which revealed a tear of the lateral meniscus, marked degenerative changes of the medial compartment, marked chondromalacia patella, high grade partial tear of the anterior cruciate ligament and evidence of a prior tibial surgery. The injured worker had an exam on 01/28/2014 due to complaints of persistent pain in kneecaps. He was morbidly obese and was awaiting gastric bypass surgery. He had previous corticosteroid injections that he stated only benefited for one week. He is not a candidate for total knee arthroplasty and he refuses surgery for the meniscal tear. His diagnoses were osteoarthritis and pain in joint lower leg. There is lack of documentation of pain management or home exercise program or medication list. The plan was to give orthovisc injections times 3 to right knee. The request for authorization form and rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOVISC INJECTION X 3 RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Orthovisc injection times three to right knee is not medically necessary. The injured worker is a morbidly obese male that is not a candidate for total knee arthroplasty. He has a history of right torn lateral meniscus and osteoarthritis. He refuses surgery for the meniscal tear. The Official Disability Guidelines recommend the injections as a possible option for severe osteoarthritis who have not responded adequately to conservative treatments such as exercise, and pain medications. There is a lack of documentation on medications, effectiveness and exercise programs. As such the request for orthocisc injections is not medically necessary.