

<b>Case Number:</b>	CM14-0025620		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Montana. 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 line cook who injured his right knee when he tripped on 2/4/12. He noted a pop in the knee with gradually increasing symptoms over the next several days. Approximately one week after the injury, he was seen in urgent care with a diagnosis of right knee sprain. He would be referred to orthopedics. X-rays demonstrated no evidence for arthritis with minimal joint space narrowing and evidence for prior ACL reconstruction. An MRI would show a longitudinal tear of the medial meniscus. He would have arthroscopic surgery on 9/6/12, which included a medial meniscal repair, lateral meniscal repair, ACL repair and chondroplasty. Postoperatively he has continued to have right knee pain. The medical records include a physical therapy initial evaluation and one progress note following his surgery. The records do not document medication management or corticosteroid injections. Current diagnoses include status post ACL reconstruction, medial and lateral meniscal tear repair, chondromalacia patella and chondromalacia of the medial compartment. The treating physician is requesting right knee Orthovisc injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Orthovisc injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, ODG, Knee and Leg, 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 and Leg (updated 1/20/14), Hyaluronic Acid Injection Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Volume 4, lower extremity disorder, Viscosupplementation injections, page 687.

**Decision rationale:** The ODG criteria for use of Viscosupplementation injections such as Orthovisc include failed nonpharmacologic and pharmacologic treatment and failure to respond adequately to injections of intra-articular steroids. They are not recommended for chondromalacia patella or patellofemoral arthritis. The ACOEM Practice Guideline notes that Viscosupplementation injections are indicated for moderate to severe knee osteoarthritis that is unsatisfactorily controlled with anti-inflammatory medication, acetaminophen, weight loss or exercise strategies. In this case, it is unclear how many physical therapy visits were completed as the records provided show only an initial evaluation and one progress note. The records do not indicate failure to respond adequately to medications, weight loss and intra-articular steroid injections. Since he has not met the recommended criteria, the request for Orthovisc injection is not medically necessary.