

<b>Case Number:</b>	CM14-0026217		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/30/2014
<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 Physical Medicine and Rehabilitation 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:

This is a 67-year-old female patient diagnosed with grade 1 anterolisthesis at L2-3, HNP (herniated nucleus pulposus) of the lumbar spine, lumbar radiculopathy, lumbar facet arthropathy, status post surgery L3-L5, status post right knee TKA (total knee arthroplasty) in 2012, and left knee severe degenerative joint disease. A previous request for Orthovisc injections, left knee was non-certified at utilization review on 01/30/14, noting a lack of documentation regarding failure of conservative and pharmacological treatments or intolerance to these therapies. On 04/22/14, the patient presented for the third in a series of 3 Orthovisc injections to the left knee. The patient reported that prior to the injections his knee pain was 4-5/10 and was now reduced to 1-2/10. He continues Norco 10/325 mg 3 times per day which helps to decrease his pain and improve his ability to walk for longer periods. Objective findings on examination of the left knee noted tenderness to palpation about the left knee. A third left knee Orthovisc injection was performed. There was reference to x-rays of the bilateral knees performed on 05/09/13 which reportedly showed a right TKA with good alignment and positioning. Left knee has severe degenerative joint disease. Actual x-ray reports were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOVISC INJECTIONS, 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 ODG- Knee, Criteria for 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, Hyaluronic Acid Injections.

**Decision rationale:** The CA MTUS Treatment Guidelines do not specifically address Orthovisc Injections. The ODG Guidelines state that for Hyaluronic acid injection of the knee there must be "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: Bony enlargement; bony tenderness facility; crepitus (noisy, grading sound) on active motion; erythrocyte sedimentation rate (ESR) less than 40 MM/hr; less than 30 minutes of morning stiffness; no palpable warmth or synovium; over 50 years of age; rheumatoid factor less than 1:42 titer (agglutination method): Synovial fluid signs (clear fluid of normal this callosity and WBC less than 2000/MM3)." In this case, the patient reportedly does have a diagnosis of severe left knee degenerative joint disease; however, the referenced x-ray reports were not provided for review. Documentation provided does not identify failure to respond adequately to standard non-pharmacologic and pharmacologic treatments. There is no description of specific conservative treatment rendered to the left knee to treat the patient's symptoms. Physical examination findings fail to describe the above noted criteria, although crepitus was identified on the 06/05/13 examination. Additionally, the current request does not specify how many injections are requested. Therefore, as documentation lacks objective findings on examination and imaging studies to confirm a diagnosis of severe osteoarthritis of the knee, a detailed description of failed conservative measures, and the request does not specify the quantity of injections being requested, medical necessity of the requested Orthovisc injections, left knee, is not established and the request is non-certified.