

<b>Case Number:</b>	CM14-0028037		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopedic Surgery, 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 patient is a 44 year old male with an industrial injury sustained on 12/13/11. On 7/30/13, the patient had a right knee arthroscopy and partial medial meniscectomy. The patient has done physical therapy, cortisone injections, and three Orthovisc injections in 2013. His diagnosis is right knee osteoarthritis. Notes from 1/4/14 reveal that cortisone injections were unsuccessful. Exam notes from 1/30/14 demonstrate that the patient's knee feels better and is popping less frequently. The right knee has full motion, is stable, and has no effusion. X-rays show some medial narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ORTHOVISC INJECTIONS, 1 INJECTION PER WEEK FOR 3 WEEKS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM is silent on the issue of viscosupplementation. According to the Official Disability Guidelines, hyaluronic acid injections

(Orthovisc) are indicated for patients over 50 years of age with severe osteoarthritis of the knee. This patient is 44 years of age and does not have severe osteoarthritis of the knee. Therefore the request is noncertified.