

<b>Case Number:</b>	CM14-0039884		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

This is a 52-year-old man who sustained orthopedic injuries to his left knee and low back in a work-related accident on 4/20/11. Medical records specific to the left knee, include a progress report dated 2/7/14 noting ongoing complaints of pain. The examination revealed ambulation with a limp, difficulty with range of motion, and diffuse tenderness over the medial aspect of the knee and patellofemoral articulation. The claimant has received prior corticosteroid injections. The report of an MRI identified an anterior cruciate ligament injury with signal changes of the meniscus. There was, unfortunately, no further documentation of imaging in regard to the claimant's knee for review. There is a current request for Orthovisc injections for the claimant's left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection to 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, knee and leg procedure summary, 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hyaluronic acid injections.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. When looking at the ODG, the request for Orthovisc injections for the knee would not be indicated. While this individual is noted to have failed conservative care including prior corticosteroid injections, there is currently no imaging available for review demonstrating degenerative arthrosis of the knee joint compartments. Without documentation or formal identification of degenerative change, the acute need of Orthovisc injections cannot be recommended as medically necessary.