

<b>Case Number:</b>	CM14-0055231		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported an injury on 12/11/2009. The mechanism of injury was not provided. On 10/15/2013, the injured worker presented with left knee and lower leg pain in the joint. Upon examination of the left knee, there was tenderness over the medial joint, 5/5 motor strength, and range of motion values were 5 degrees of extension and 115 degrees of flexion. Prior therapy included medications. The diagnoses were pain in the joint of the lower leg and osteoarthritis, unspecified lower leg. The provider recommended 1 series of 3 weekly Orthovisc injections under ultrasound to the left knee. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 series of 3 weekly Orthovisc injections under ultrasound to the 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 (Acute and Chronic) 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, Hyaluronic Acid Injections.

**Decision rationale:** The Official Disability Guidelines recommend hyaluronic acid injections or Orthovisc injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment, to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions. The included medical documentation states that the injured worker has a diagnosis of osteoarthritis of the knee; however, there is a lack of documentation that the injured worker had failed conservative treatment to include medications and physical therapy. As such, the request is non-certified.