

<b>Case Number:</b>	CM14-0056326		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 injured worker is a 42 year old female with an industrial injury dated 12/04/2012. Patient has a chief complaint of left calf pain. The patient is status post left knee arthroscopic multi-compartment, synovectomy, lateral meniscectomy, and chondroplasty. Exam note from 01/09/2014 states there was evidence of tenderness and palpation surrounding the calf. The range of motion was listed as 5 to 100 degrees. Exam note 02/24/2014 states the patient had a mild effusion and mild crepitation. Overall diagnosis was reported as osteoarthritis of the lower leg. Treatment plan includes orthovisc injections to the 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 the left knee 1 time a week for 4 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 (ODG) Knee & Leg, Hyaluronic acid injections, and Hyaluronic 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, Viscosupplementation.

**Decision rationale:** The MTUS/ACOEM guidelines are silent regarding the request of viscosupplementation for the knee. According to the ODG Knee and Leg chapter; a Hyaluronic acid injection is indicated for patients with documented severe osteoarthritis of the knee. As there is no radiographic documentation of severe osteoarthritis in the records from 01/09/2014 for this claimant, therefore this request is not medically necessary.