

<b>Case Number:</b>	CM14-0060664		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine 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 59 year old male who was injured on 03/01/2010 while stepping out off a truck. He slipped and hurt his left knee. His past medication history included Tramadol, aspirin, lisinopril, NSAIDs, Naproxen, Norco, and Vicodin. Prior treatment history has included home exercise program, manual therapy, and 15 sessions of physical therapy. Diagnostic studies reviewed include MRI of his right knee revealed degenerative arthritic changes in the medial joint. There is a degenerative medial meniscal tear with extrusion of the medial meniscus. He has early chondromalacia of the patellofemoral joint. Progress report dated 03/11/2014 states the patient presented for followup of his left knee. He reported his left knee was doing better with the physical therapy sessions. He is also complaining of right knee pain. Objective findings on exam revealed a well-healed incision. He has a 5-10 degree flexion contracture but can flex to 90 degrees. His patella is reasonably mobile. Peer-to-Peer report dated 04/22/2014 indicates the patient's right knee is continuing to be bothersome. He reported his left knee feels tight when he tries to flex it. On exam, his patella mobility is improving but still tight. He has fullness in the suprapatellar pouch. He has no further induration or warmth in that left knee. His range of motion is about 10 degrees to almost 100 in flexion. He has a diagnosis of degenerative arthritis in the right knee. It is noted that the patient is waiting for an authorization for Viscosupplementation request for his right knee. Prior utilization review dated 04/22/2014 states the request for right knee orthovisc injection with ultrasound guidance is denied as there is no documented prior conservative management and documented failure involving the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ORTHOVISC INJECTION WITH ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): TABLE 13-6.

**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:** CA MTUS guidelines do not specifically discuss Orthovisc injection. This is a request for right knee Orthovisc injection for a 59-year-old male diagnosed with right knee osteoarthritis. Right knee MRI on 2/26/14 showed moderate tricompartmental osteoarthritis. However, history and examination findings do such establish severe osteoarthritis. Patellar chondromalacia is a probable cause of the patient's complaints for which hyaluronic acid injections are not recommended. The requested procedure is generally performed without fluoroscopic or ultrasound guidance. Finally, the patient is recommended for right knee meniscal debridement or total replacement surgery. Medical necessity is not established. Therefore, the request is not medically necessary.