

<b>Case Number:</b>	CM14-0068413		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/24/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 24-year-old female with a date of injury of 02/24/2013. The listed diagnoses per [REDACTED] are: 1. Knee chondromalacia patella. 2. Lumbar myofascial sprain/strain. 3. Knee contusion. 4. Lumbar radiculitis/thoracic radiculitis. According to progress report 03/24/2014 by [REDACTED], the patient is status post left knee arthroscopy with partial anterior horn medial meniscectomy from 06/15/2013 with continued pain. The patient states she is unable to bear weight or bend her knee without pain. She is using a crutch for stability with ambulation. Examination of the knee revealed minimal swelling and tenderness over the lateral joint line. Range of motion on the left is 0 to 70 degrees. There was positive patellofemoral crepitus and subpatellar pain on compression. The treating physician is requesting Orthovisc injection series to the left knee with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection series left knee with ultrasound guidance for needle placement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/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) ODG-TWC guideline has the following regarding hyaluronic acid injections:(<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>).

**Decision rationale:** This patient is status post left knee surgery from 06/15/2013 with continued pain and residual swelling with lateral joint line tenderness. There is decreased ROM with patellofemoral crepitus. The treating physician is requesting Orthovisc injection series with ultrasound guidance. The ACOEM and MTUS do not discuss hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommend conservative treatments (exercise, NSAIDs, or acetaminophen); to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. In this case, the patient is status post arthroscopy and does not present with severe osteoarthritis. MRI of the left knee from 04/18/2014 does not show arthritic changes. The request for Orthovisc injection series left knee with ultrasound guidance for needle placement is not medically necessary.