

<b>Case Number:</b>	CM14-0078651		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/18/1997
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 65 year-old patient sustained an injury on 8/18/1997 while employed by [REDACTED]. Request under consideration include 3 Orthovisc injections to the right knee in series. Diagnoses include degenerative joint disease of right knee. Report of 5/8/14 from the provider noted the patient with some initial benefit from previous series of three Orthovisc injections; however, after 2-3 months, the symptoms have returned. The patient has been using PennSaid topical NSAID which was helpful but had caused a rash. The provider noted the only alternative to another series of Orthovisc would be TKA. MRI of right knee dated 6/5/13 showed small joint effusion, complex medial meniscus tear; moderate free fraying of lateral meniscus; Cartilage disease in medial and patellofemoral compartments, mild tricompartmental osteophytes, minimal popliteal cyst, ACL/PCL intact; MCL/LCL intact. The patient is s/p partial medial and lateral meniscectomy and chondroplasty of medial femoral condyle on 9/9/13. The request for 3 Orthovisc injections to the right knee in series was denied on 5/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Orthovisc injections to the right knee in series:** 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 & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** The letter dated 6/19/14 from the provider noted the patient was recommended to try another series of synthetic joint fluid injections, "however, due to the fact that he did not have an outstanding result from the first series of injections," it was denied and now the provider has recommended referral to subspecialist for arthroplasty. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. Official Disability Guidelines states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain) such as this case. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Therefore 3 Orthovisc injections to the right knee in series are not medically necessary.