

<b>Case Number:</b>	CM14-0190230		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Preventive 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 injured worker is a 53 year old female with a date of injury as 09/12/2012. The cause of injury was not included in the documentation. The current diagnoses include left knee degenerative joint disease and right knee chondromalacia/degenerative joint disease. Previous treatments include multiple medications, arthroscopy surgery bilateral meniscus in the right knee in January of 2013 and left knee in May of 2013, physical therapy, Orthovisc injection right knee in December of 2013 and left knee in June of 2013, and a series of Orthovisc injections (3) bilateral knees in June of 2014. Documentation submitted included primary treating physicians reports dated 04/21/2014 through 10/23/2014, physical therapy note from 04/18/2014, Orthovisc injection notes from 06/16/2014 through 06/30/2014, orthopedic agreed medical evaluation from 04/25/2014, and a work status report from 07/11/2014. The report dated 10/23/2014 noted that the injured worker presented with complaints that included bilateral knee pain. Physical examination revealed right knee palpable patellofemoral crepitus and mild to moderate effusion. The treating physician noted that the last set of injections provided partial relief and that the injured worker has undergone extensive conservative measures for both the knees, but will now require a left total knee replacement. The request for the Orthovisc is for the right knee in anticipation of her upcoming left knee surgery. The injured worker is on limited duty with modified work restrictions. The utilization review performed on 10/30/2014 non-certified a prescription for a series of Orthovisc injections to the right knee based on clinical findings do not supporting medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of Orthovisc injections right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Orthovisc Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of osteoarthritis of the knee. In addition, there is documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments; failure of conservative treatment (physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, despite documentation that previous set of injections provided partial relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Orthovisc injection treatments to date. Therefore, based on guidelines and a review of the evidence, the request for series of Orthovisc injections right knee is not medically necessary.