

<b>Case Number:</b>	CM14-0204612		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 was a 40 year old male who was injured on the job, June 30, 2014. The injured worker suffered a right knee injury while climbing stairs at work. The injured worker went back to work July 7, 2014 with restrictions of no squatting or kneeling, no climbing ladders, limit stairs to 25% and maximum lifting of 18 pounds. On July 14, the restrictions changed to lifting 10 pound and pushing or pulling 20 pounds the others remained the same. On August 18, 2014 the restriction were bending and twisting 50% lifting restriction was 15 pounds with 40 pound restriction of pull and pushing the rest of the restrictions were lifted. The injured worker has completed 6 physical therapy visits. The injured worker has been taking ibuprofen for pain. According to the progress note of August 28, 2014 the physical exam of the right knee showed trace effusion with deep squatting that was evident causing the injured working an aching in the knee. There was no lateral or medial joint tenderness. The ligaments of the right knee were stable to stress testing in all planes. The injured worker was diagnosed right knee patellafemoral syndrome. The x-rays AP, lateral of the knee showed a slight patellar tilt. Recommendations for a patellar stabilizer brace, medication changes, quadriceps strengthening, consideration for possible cortisone injection. By August 18, 2014 the injured worker was noticing improvement. On September 17, 2014 an MRI of the right knee was completed, which showed focal areas subchondral edema in the medial patellar ridge with underlying heterogeneous signal within the overlying articular cartilage compatible with chondromalacia. No full thickness chondral defects identified. On November 25, 2014, the UR denied authorization of orthovisc injection per dose. The request was for three consecutive injections for the right knee. The request was denied, due to, the MTUS guidelines ACOEM and ODG for orthovisc injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Orthovisc injections for right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and leg, 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)

**Decision rationale:** 3 Orthovisc injections for right knee is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." According to the MRI and diagnosis the patient is not a candidate for Hyaluronic injections as there is evidence of edema and Chondromalacia which should be primarily addressed. Therefore the request 3 Orthovisc injections for right knee are not medically necessary.