

<b>Case Number:</b>	CM14-0207165		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 73 year old female with an injury date on 11/21/08. The patient complains of improving right knee pain, has finished her physical therapy, and is two months s/p right knee synovectomy, meniscectomy, and chondroplasty from 8/26/14, per 10/27/14 report. The patient has complaints of difficulty walking, stair management, squatting, and has soreness with prolonged walking per 9/10/14 report. Based on the 9/10/14 progress report provided by the treating physician, the diagnoses are: 1. tear lat menis knee-cur 2. orthopedic aftercare NOSA physical exam on 10/27/14 showed "range of motion of right knee is 0-130 degrees. Mild effusion and moderate crepitation." The patient's treatment history includes medications, home exercise program,. The treating physician is requesting orthovisc injections, once weekly, right knee per 11/19/14 form Qty: 4. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 7/16/14 to 12/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injections, Once Weekly, and Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 10/27/14), Orthovisc (hyaluronan)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter on hyaluronic acid injections.

**Decision rationale:** This patient presents with right knee pain and is s/p right knee synovectomy, meniscectomy, and chondroplasty from 8/26/14. The treater has asked for ORTHOVISC INJECTIONS, ONCE WEEKLY, RIGHT KNEE PER 11/19/14 QTY: 4 on 11/25/14. The patient had prior orthovisc injections to the knee which were beneficial, but the dates of the prior injections were not included in review of reports from 7/16/14 to 12/4/14. Regarding hyaluronic acid injections, ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. A first right knee MRI on 3/3/09 (original MRI not included in reports) "read as suspicious for horizontal linear tear posterior horn medial meniscus" per 7/16/14 report. The patient had an arthroscopic meniscectomy and chondroplasty of medial compartment on 5/26/09 for grade 2 chondromalacia of the patella and trochlea per 7/16/14 report. A repeat right knee MRI on 6/3/13 (original MRI report not included in documentation) showed "focal meniscal findings in both the anterior and posterior horns of the right lateral/medial meniscus that may represent meniscal tears versus postsurgical changes as well as a small anterior and retro-patellar right knee joint effusion and mild sprain of the right anterior cruciate ligament" per 7/16/14 report. Review of the reports do not show any evidence of knee X-rays being done in the past. The patient had residual pain after physical therapy, and underwent "episodic steroid injections to the knee" before being declared permanent and stationery on 12/2/09. In this case, the patient has chronic knee pain. Prior injections to the knee post meniscectomy in 2009 were of benefit, but the quantity and dates of injections were not included in documentation. Although presenting with Grade 2 chondromalacia of the knee, the patient has full range of motion of the knee following a right knee surgery from 3 months ago. Synvisc injections are only indicated for severe osteoarthritis, which this patient does not appear to have. The injections are not indicated for chondromalacia. Furthermore, ODG guidelines do not support repeat injections unless symptom improvement lasts at least 6 months. There is a lack of documentation of lasting benefit from prior synvisc injections, which occurred in 2009. The requested 4 synvisc injections ARE NOT medically necessary.