

<b>Case Number:</b>	CM14-0027802		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 35-year-old woman who sustained a work related injury on April 27, 2011. Subsequently, she developed chronic neck, knee, and low back pain. A knee arthroscopy was performed in 2013, followed by 12 sessions of physical therapy. According to a progress report dated March 4, 2014, the patient continued to report low back pain that was mainly axial in nature. However, she was having episodes where she'll have severe pain radiating down her left lower extremity to the level of the calf. The patient has been using Norco, Neurontin 100 mg, and Neurontin 300 mg. She rated her pain as a 3-4/10. The patient did not have a home exercise program. Lumbar epidural steroid injections were denied. Psychiatric treatment was denied. On physical examination, range of motion of the lumbar spine was 70 degrees of forward flexion, 15 degrees of extension, 45 degrees of side bending bilaterally, and 45 degrees of rotation bilaterally. There was no motor weakness or sensory deficits appreciated in the lower extremities. Reflexes were 2+ and symmetrical at L4 and S1 bilaterally. Straight leg raise test was negative in the seated and supine positions for nerve root tension. The patient was diagnosed with discogenic low back pain from a significant disc herniation at L4-5. The provider recommended 3 Orthovisc injections, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three Orthovisc injections for the left 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, 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) Knee, Hyaluronic Acid Injections,  
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

**Decision rationale:** According to ODG guidelines, Hyaluronic acid injections is recommended 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, but in recent quality studies the magnitude of improvement appears modest at best. In this case, there is no evidence of osteoarthritis. Therefore the prescription of 3 left knee Orthovisc injections is not medically necessary.