

<b>Case Number:</b>	CM14-0032039		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 64-year-old female, who sustained an industrial injury on January 13, 2014. The diagnoses have included tear med meniscus knee left, LOC prim osteoarthritis left leg, status post left knee arthroscopy. Treatment to date has included left knee arthroscopy and injection and oral pain medications. Currently, the injured worker complains of left knee pain. In a progress note dated February 21, 2014, the treating provider reports left knee examination reveals mild effusion, decreased range of motion, crepitus with range of motion and healed portals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second and third orthovisc injection for left knee (QTY:2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee& Leg ( Updated 01/20/2014), 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 section, Hyaluronic acid injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, second and third orthovisc injection left knee #2 are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and non-pharmacologic herpes; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are tear medial meniscus in the left; primary osteoarthritis left leg; and status post left knee arthroscopy. The documentation for January 20, 2014 progress note states the injured worker received one orthovisc injection to the left knee. Subsequent injection was denied. The injured worker is status post arthroscopy of the left knee. The documentation does not provide objective findings post-injection with documented significant improvement/efficacy for six months or more. Physical examination showed mild effusion. There was no radiographic or diagnostic imaging in the medical record. Consequently, absent clinical documentation with documented significant improvement for six months or more after the first orthovisc injection and diagnostic imaging, second and third orthovisc injection left knee #2 are not medically necessary.