

<b>Case Number:</b>	CM14-0081478		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52-year-old male who sustained an industrial injury on 11/17/12. He reports intermittent moderate pain in both knees. Diagnoses include work related slip/fall, bilateral knee contusion, status post right knee arthroscopy with residuals, and rule out left knee internal derangement. Treatments to date include medications and surgery to the right knee. In a progress noted dated 04/09/14 the treating provider recommends a MRI of the left knee and Orthovisc injections to the right knee. On 05/16/14 Utilization Review non-certified the Orthovisc injection, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three orthovisc injections to the 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), Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections.

**Decision rationale:** The official disability guidelines indicates that the criteria for fiscal supplementation such as Orthovisc injections includes the presence of severe osteoarthritis in the knee. The attached medical record indicates that a previous arthroscopy performed at least a year and a half ago revealed grade 2 - grade 3 lateral femoral condyle chondromalacia. An MRI of the right knee was also obtained however this report is not available. Without any objective documentation of severe arthritis of the right knee, this request for three Orthovisc injections is not medically necessary.