

<b>Case Number:</b>	CM15-0002211		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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:

This 47 year old man sustained an industrial injury on 12/6/2011. The mechanism of injury is not detailed. Current diagnoses include knee crepitus, ankle arthralgia, lateral malleolus fracture, disuse atrophy, and knee degenerative joint disease. Evaluations include MRI of the left ankle showing early degenerative changes of the tibiotalar and subtalar joints and MR arthrogram of the left knee performed on 12/8/2014 showing edema, spurring, and joint changes in the ankle and osteoarthritis, tear, and a cleft in the knee; and left knee arthrogram showing an uncomplicated left knee arthrogram. Physician notes dated 10/23/2014 show persistent left knee and ankle pain, left knee swelling, and right knee pain. The pain has been increasing since 10/6/2014. There is reference made to x-rays taken on 3/15/2012 which showed left knee patellofemoral joint narrowing bilaterally. Recommendations include further testing. There is the first page of a follow up note dated 12/8/2014, however, there is minimal information included on the first page. A request for authorization dated 12/10/2014 is made for a series of orthovisc injections to the left knee with ultrasound guidance. On 12/17/2014, Utilization Review evaluated a prescription for orthovisc series of injections to the left knee with ultrasound guidance, that was submitted on 1/6/2015. The UR physician noted that the full criteria for injection has not been met, further, the worker also has evidence of meniscus tears and significant impaired range of motion of the knee that will not benefit from viscosupplementation. Non-MTUS or ACOEM Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc series of injection to left knee with ultrasound guidance:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg

**Decision rationale:** The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." Criteria for Hyaluronic acid injections: - Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation submitted for review does not contain any recent diagnostic reports showing degenerative changes or evidence of severe osteoarthritis. The request is not medically necessary.