

<b>Case Number:</b>	CM15-0100434		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male who sustained an industrial injury on 02/06/2003. Diagnoses include right knee tibial plateau fracture-status post ORIF, right knee osteomyelitis-status post I&D, right knee severe osteoarthritis, left knee medial meniscus tear and left knee chondromalacia. Treatment to date has included diagnostic studies, medications, physical therapy, Synvisc injections, and cortisone injection. A physician progress note dated 04/01/2015 documents the injured worker complains of bilateral knee pain. He received a series of three right knee Synvisc injections completed on 01/21/2015 which provided 50% relief and these are starting to wear off. He received bilateral ultrasound guided injection at his last visit with about 50% relief, and he continues to await authorization of left knee surgery. Now the right knee is worse than the left knee and he rates it as 8 out of 10. He compares his right knee pain to his back pain. He rates his left knee pain as 8-9 out of 10. He continues to stumble and fall frequently, and has difficulty when terrain transitions from tile to carpeting. And he says that the right knee "comes out of joint" and he has to use his hands to put it back. He reports that the right knee is constant aching with instability and the left knee is constant aching pain. On examination the right knee shows tenderness to palpation at the patellar tendon and over the medial joint line. There is pain with range of motion. There is instability with valgus stress, patellar grid is positive and elicits pain. Lachman is positive and anterior and posterior drawer is positive anterior drawer. The left knee has tenderness to palpation over the medial joint line, lateral joint line and patellar tendon. There is no pain with range of motion. McMurray's is positive. Today he received the first in a series of 3 injections. The treatment plan is for post of

medications, Ice therapy, postoperative physical therapy, pre-operative studies, medicine consultation-pre-operative clearance, and left knee arthroscopy with medial meniscectomy. Treatment requested is for Orthovisc series of three to the right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthovisc series of three 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) (20th annual edition) and ODG Treatment in Workers Compensation (13th annual edition), 2015, Chapter: Knee, 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, pages 311-313.

**Decision rationale:** Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive clinical findings or imaging of severe osteoarthritis for the injection request. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here noted to last approximately 3 months. The Orthovisc series of three to the right knee is not medically necessary and appropriate.