

<b>Case Number:</b>	CM15-0107902		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 56-year-old male, who sustained an industrial injury on June 25, 2012. The injured worker was diagnosed as having right knee osteoarthritis, and internal derangement of the knee. Treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated May 13, 2015 provides the injured worker complains of back and knee pain. Physical exam notes healed knee incision and tenderness on palpation. There is minimal tenderness to palpation of the lumbar spine. Magnetic resonance imaging (MRI) studies were reviewed revealing patellar fracture and meniscal tear, lumbar bulge, annular tear and facet arthropathy. The plan includes injections of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection series for the right knee one (1) injection per week for three (3) weeks:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** Orhovisc is hyaluronic acid injection. According to the ODG, 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." According to the medical record, this worker had an MRI of his knee 6/13/13 that showed un-united superolateral patellar fracture and posterior horn medial meniscal tear. The 5/13/15 physician visit note states "For the knee he is having some crepitation and catching. Not that bad. Given this I would recommend a viscosupplementation series of injections. " However there was no supporting evidence by imaging studies of osteoarthritis, particularly severe osteoarthritis which would be required before Orthovisc could be considered medically necessary.