

<b>Case Number:</b>	CM15-0134614		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/09/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Hawaii  
 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 (IW) is a 52-year-old female who sustained an industrial injury on 09/09/2012. She reported pain and injury in the right knee and right arm. The injured worker was diagnosed as: Status post right knee arthroscopy. Right elbow medial and lateral epicondylitis. Bilateral carpal tunnel syndrome, minimal, right worse than left, positive per nerve conduction velocity-electromyography study of 10-22-2014. Status post right elbow fracture. Treatment to date has included right knee physical therapy, medications, ice, and a home exercise program, surgery (right knee multi-compartment synovectomy, meniscectomy, and chondroplasty 02-18-2015), and a series of viscosupplementation (January 2015). Currently, the injured worker complains of knee pain that she rates as a 4 on the scale of 0-10 with aching, throbbing and occasionally swelling. Right arm pain is rated as a 3 on the scale of 0-10 and is achy, dull and intermittent. On exam, the right elbow has full range of motion with minimal pain, and the right knee has full range of motion with no instability, edema, erythema of bony deformity, and minimal pain. The physician note of 04-24-2015 states she has had a headache in the past after viscosupplementation. The plan was to try one viscosupplementation and go forward if she had no headache afterward. A request for authorization was made for the following: Orthovisc injection right knee once a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection right knee once a week for 4 weeks: 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), Knee & Leg (updated 05/05/15) Online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, Orthovisc (hyaluronan).

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Orthovisc injection right knee once a week for 4 weeks. The report with this request was not provided for review. The treating physician states in the report dated 6/19/15, "She rates her right knee pain as a 4/10, achy and throbbing, sometimes swollen". (12B) The ODG Guidelines state, "a series of three to four injections of Orthovisc (hyaluronan) are recommended as an option for osteoarthritis". In this case, the treating physician has documented that the patient completed a series of this injection in January 2015 and the patient complained of headaches after the injections. Additionally, there is no documentation of any functional improvement after the injections. The current request is not medically necessary.