

<b>Case Number:</b>	CM15-0138285		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old male, who sustained an industrial injury on 3/27/2012. Diagnoses include status post right knee surgery, status post right cubital release, status post open reduction internal fixation (ORIF) right tibia, rule out internal derangement right ankle and foot, right shoulder rotator cuff tear, abdominal pain related to medications, anxiety depression and sleep difficulty. Treatment to date has included multiple surgical interventions as well as conservative treatment consisting of physical therapy, diagnostics and medications. Magnetic resonance imaging (MRI) of the right knee dated 5/1/2015 showed status post ORIF of a proximal fibular fracture with metallic artifact limiting evaluation but no evidence of a mal-union. There is a grade II-III signal seen within the posterior horn, medial meniscus with at least partial tear. There is no ligamental tear appreciated and there is mild effusion within the patellofemoral and suprapatellar bursa but no Baker's cyst/popliteal cyst or patellar chondromalacia. Per the Primary Treating Physician's Progress Report dated 1/12/2015, the injured worker reported right knee jabbing pain rated as 8/10 in severity with popping. Physical examination of the right knee revealed a bandage on the right knee. The plan of care included injections and authorization was requested for orthovisc injections (1x4) once a week for four weeks, right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections once a week for 4 weeks, 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), Knee - Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in March 2012 and continues to be treated for right knee pain. He underwent ORIF of a right tibial plateau fracture compensated by a postoperative infection. When seen, he was having medial knee pain with aching and stiffness. Physical examination findings included a BMI of nearly 30. There was decreased range of motion with mild patellofemoral crepitus. There was a mildly fusion. He had medial joint line tenderness. Imaging results include an MRI of the knee in May 2015 and x-rays in June 2015. Findings are that of medial meniscus degeneration and patellar and lateral femoral condyle osteophytes. Recommendations included a series of viscosupplementation injections with consideration of arthroscopic surgery depending on the result. Treatments have included medications and recent physical therapy. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant does not have severe osteoarthritis and knee replacement surgery is not being considered. The requested injection series is not medically necessary.