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| <b>Case Number:</b>   | CM15-0143558 |                              |            |
| <b>Date Assigned:</b> | 08/04/2015   | <b>Date of Injury:</b>       | 06/22/2012 |
| <b>Decision Date:</b> | 09/01/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 45 year old male who sustained an industrial injury on 6-22-2012. The mechanism of injury is not documented. He has reported right and left knee pain and has been diagnosed with right knee status post outpatient arthroscopy with ongoing pain and discomfort and noted degenerative findings in both patellofemoral and medial compartmentis during arthroscopy and left knee compensatory knee pain which has been troublesome since discovered and for which an MRI was obtained. Treatment has included surgery. The right knee had well healed portal site incisions. There was noted patellofemoral crepitus with Grind being positive. There was no effusion to the left knee. There was tenderness to palpation along the medial joint line. The treatment plan included Hyalgan injections for the right knee and MRI of the left knee. The treatment request included right knee orthovisc injection x 3; 1 injection x 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee orthovisc injection x 3, 1 injection x 3 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 and leg, 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 Chapter/Hyaluronic Acid Injections Section.

**Decision rationale:** The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. There is no indication from the medical documentation provided that the injured worker has severe osteoarthritis or that he has failed with all available conservative measures of treatment. The request for right knee orthovisc injection x 3, 1 injection x 3 weeks is determined to not be medically necessary.