

<b>Case Number:</b>	CM15-0146364		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, North Carolina  
 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 63 year old male, who sustained an industrial injury on 10-22-13. The injured worker was diagnosed as having right knee chondromalacia patella, right knee degenerative joint disease and right knee medial meniscal tear status post right knee meniscectomy. Treatment to date has included right knee meniscectomy and synovectomy on 2-9-15, physical therapy, chiropractic therapy, a Cortisone injection, and medication. Physical examination findings on 6-2-15 included right knee minimal swelling, tenderness to palpation on the medial and lateral patella facets and medial joint line, and a positive McMurray's test. Strength and sensation of the knee were within normal limits. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for an Orthovisc injection series for the right knee x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection series, Right Knee, Qty 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & 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 and leg (hyaluronic acid injections).

**Decision rationale:** CS MTUS Guidelines do not address hyaluronic acid injections to the knee. The ODG states that hyaluronic acid injections are recommended as an option for osteoarthritis in patients who have not responded adequately to conservative treatment. In this case, the submitted imaging and operative reports do not reveal any evidence of osteoarthritis. The primary diagnosis in this patient is patellofemoral chondromalacia, for which hyaluronic acid injections are not indicated. Therefore the request is not medically necessary or appropriate.