

<b>Case Number:</b>	CM15-0146649		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/22/2015
<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

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 is a 45-year-old female who sustained an industrial injury on 03-30-2011. The injured worker was diagnosed with right patellar chondromalacia and degenerative joint disease. The injured worker is status post right lateral retinacular release and patellofemoral chondroplasty in January 2013. Treatment to date has included diagnostic testing, surgery, physical therapy, viscosupplementation injections to the right knee, steroid injections to the right knee, home exercise program and medications. According to the primary treating physician's progress report on July 14, 2015, the injured worker continues to experience pain in the anterior aspect of the right knee. Examination demonstrated mild tenderness about the medial area greater than the lateral peripatellar area. There was no evidence of effusion. Range of motion was documented at 0-125 degrees without pain. Motor strength, sensation and pulses were intact. Gait was normal. Current medication was noted as Advil. Treatment plan consists of the current request for Orthovisc injection times 3 to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection x 3 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 & 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, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome, as demonstrated here. Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request with diagnoses of patellar chondromalacia. There were no recent x-ray studies presented or remarkable clinical findings with range of motion without pain consistent with any osteoarthritic changes to support for synvisc. Previous injections have not proven effective as the patient has unchanged functional impairment. The Orthovisc injection x 3 right knee is not medically necessary and appropriate.