

<b>Case Number:</b>	CM15-0166253		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Emergency 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 65 year old male who sustained an industrial injury on 02-28-2003 while working as a custodian school manager when he fell into a mud hole twisting his lower back, left knee and left shoulder. The injured worker was diagnosed with patellar chondromalacia, left knee arthralgia, lumbosacral disc degenerative and low back syndrome. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, chiropractic therapy, knee immobilizer, back brace, ambulatory assistive devices, home exercise program, steroid injections and medications. According to the primary treating physician's progress report on June 29, 2015, the injured worker continues to experience knee and low back pain radiating to the left ankle. Examination of the lumbar spine demonstrated paravertebral tenderness with spasm. The injured worker was noted to ambulate with a stiff gait. The left knee examination revealed medial line joint tenderness with 0-140 degrees range of motion with crepitation. No swelling or laxity was present. Straight leg raise was negative bilaterally. Sensation was intact in the bilateral lower extremities. Current medications were listed as Percocet, Soma and Pennsaid topical. Treatment plan consists of home exercise program and stretching, heat and ice as needed, continuing with medications, lumbar epidural steroid injection and the current request for Orthovisc injection once a week for three weeks to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of Orthovisc at one time a week for three weeks, to the left 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 (ODG).

**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, Criteria for Hyaluronic acid injections.

**Decision rationale:** The requested Injection of Orthovisc at one time a week for three weeks, to the left knee Qty: 3 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections noted: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; of synovium; (7) Over 50 years of age; less than 1:40 titer (agglutination method); signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement". The injured worker has knee and low back pain radiating to the left ankle. Examination of the lumbar spine demonstrated paravertebral tenderness with spasm. The injured worker was noted to ambulate with a stiff gait. The left knee examination revealed medial line joint tenderness with 0-140 degrees range of motion with crepitation. No swelling or laxity was present. Straight leg raise was negative bilaterally. Sensation was intact in the bilateral lower extremities. The treating physician has documented satisfaction of the above-referenced criteria. The criteria noted above not having been met, Injection of Orthovisc at one time a week for three weeks, to the left knee Qty: 3 is not medically necessary.