

<b>Case Number:</b>	CM15-0167384		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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 62 year old female who sustained an industrial injury on 4-21-2014. She has reported injury to the right knee and has been diagnosed with right knee osteoarthritis. Treatment has included therapy, medications, surgery, and splinting. Examination of the right knee revealed her active range of motion was about 20 degrees to 90 degrees and passively 0 to 120 degrees. She had moderate crepitation with range of motion with mild to moderate effusion. She had significant medial and lateral joint line tenderness. The treatment plan included an Orthovisc injection. The treatment request included Orthovisc injection 1 x a week x 4 weeks for 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, Right Knee, 1 time wkly for 4 wks, Qty 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. 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) hyaluronic acid injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that hyaluronic acid injections in the knee is indicated in patients who have failed aggressive conservative therapy and who have a diagnosis of moderate to severe osteoarthritis. The patient does have osteoarthritis and failure of conservative therapy. The request however exceed the amount of injections recommended without documented benefit and therefore is not medically necessary.