

<b>Case Number:</b>	CM15-0187094		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 36 year old male, who sustained an industrial injury on 9-28-13. Medical records indicate that the injured worker is undergoing treatment for right knee chondromalacia, right knee pain and osteoarthritis of the right knee. On (8-27-15) the injured workers work status was noted to be modified duty. On (8-28-15) the injured worker complained of right knee pain rated 5 out of 10 on the visual analogue scale. Examination of the right knee revealed crepitus. Range of motion was noted to be 0-130. Treatment and evaluation to date has included medications, MRI (3-12-15) of the right knee, Hyaluronic acid and Cortisone knee injections, physical therapy, functional restoration program and two right knee arthroplasties. Documentation of the injured workers response to the Hyaluronic acid and Cortisone knee injections was not provided in the medical records. The right knee MRI revealed intact menisci, cruciate and collateral ligaments. Current medications include Celebrex, Omeprazole DR, Atenolol and Pennsaid 1.5% solution. Medications tried and failed include Norco due to the side effect of constipation. The request for authorization dated 9-4-15 requested a second series of Orthovisc right knee injections # 3. The Utilization Review documentation dated 9-16-15 non- certified the request for a second series of Orthovisc right knee injections # 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second series of orthovisc right knee, quantity of three: 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 and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections.

**Decision rationale:** The current request is for Second series of orthovisc right knee, quantity of three. The RFA is dated 09/04/15. Treatment history includes injections to the knee, physical therapy, medications, functional restoration program and two right knee arthroplasties (most recent surgery from 02/27/14. The patient is on modified duty. MTUS Guidelines are silent on Orthovisc injections. ODG-TWC, Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections state that they are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best". ODG further states that the study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. Per report 08/28/15, the patient presents with chronic right knee pain rated 5 out of 10 on the visual analogue scale. Examination of the right knee revealed crepitus. Range of motion was noted to be 0-130. Recommendation was made for a second series of Orthovisc injections for the right knee, quantity 3. MRI of the right knee dated 03/12/15 revealed scarring of Hoff's fat pad consistent with previous arthroscopic surgery. Non aggressive lesion of a non-ossifying fibroma type nature is demonstrated in the medial aspect of the diaphyseal metaphyseal region distal femur without bone marrow edema. This patient has a diagnosis of right knee osteoarthritis, but MRI imaging does not document "severe" osteoarthritis of the knee, which is a requirement for these injections. Furthermore, the patient has undergone two Hyaluronic acids injections on 06/12/15 and 06/26/15 with no discussion of efficacy. This patient does not meet the criteria set forth by MTUS. Therefore, this request is not medically necessary.