

<b>Case Number:</b>	CM15-0191515		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 47 year old male, who sustained an industrial injury on 11-18-2013. The injured worker is currently temporarily totally disabled as of 06-17-2015. Medical records indicated that the injured worker is undergoing treatment for lumbalgia, lumbar spondylosis, and sacroiliac joint dysfunction. Treatment and diagnostics to date has included physical therapy, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Motrin. After review of progress notes dated 06-17-2015 and 07-13-2015, the injured worker reported back and left knee pain. Objective findings included "normal" but painful lumbar range of motion with tenderness at the lumbar paraspinal muscles and normal gait. The treating physician noted that the injured worker "is not improving with any modalities. He has had physical therapy, medications, surgery. Both knees have moderate to severe osteoarthritis as seen on x-rays". The Utilization Review with a decision date of 09-14-2015 non-certified the request for 3 Orthovisc injections for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) orthovisc injections for the left 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), Chapter: Knee & Leg - Orthovisc (hyaluronan).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, synvisc.

**Decision rationale:** The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intraarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such, the medical records provided for review do not support synvisc injection congruent with ODG guidelines. The request is not medically necessary.