

<b>Case Number:</b>	CM15-0192225		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 1-25-2013. The injured worker was diagnosed as having contusion of knee. Treatment to date has included left knee surgery in 2013, physical therapy, and medications. Currently (9-16-2015), the injured worker complains of continued knee pain, not rated. Exam of the knee noted range of motion within normal limits and positive medial and joint line tenderness. Documentation in notes included "left knee lateral us to fight scene and joint space narrowing". Medication use included Motrin and muscle rub (unspecified). Work status was "continue regular work". Limitations in function were not described. The treatment plan included Orthovisc injection for the left knee, non-certified by Utilization Review on 9-24-2015. Labile diabetes mellitus is documented to make steroid injections contraindicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection for the left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, 2015, Knee & Leg Chapter.

**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.

**Decision rationale:** MTUS Guidelines do not address this request. ODG Guidelines do address this request and support this type of injection if there is a sign of significant arthritis that is not responding to usual care. The Guidelines also state that steroids should be trialed first, but this individual is a reasonable exception to this due to her diabetes. This individual has had significant amounts of physical therapy, continues to have joint line tenderness and a narrowed joint on x-ray. Under these circumstances, the request for the Orthovisc injections for the left knee is consistent with Guidelines and is medically necessary.