

<b>Case Number:</b>	CM15-0194538		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 33 year old male, who sustained an industrial injury on 8-4-14. The injured worker has complaints of left knee pain. The injured worker pain scale on 8-4-15 was documented as 3 to 8 out of 10. There was mild crepitus noted. The documentation on 8-24-15 that inspection of the left knee there was swelling and inflammation with girth measurement of the left knee 2 and a half centimeter larger than the right. Knee mobility extension to -5 degrees and flexion to 120 degrees with increased pain at the end of range. The diagnoses have included status post left knee partial medial lateral meniscectomy. Treatment to date has included left knee arthroscopic surgery; physical therapy; moist heat packs; electrical stimulation; soft tissue massage; injections and meloxicam. The documentation noted that the injured worker finished his last authorized post op physical therapy to the left knee on 7-7-15. The original utilization review (9-3-15) non-certified the request for orthovisc injection to the left Knee once a week for 4 weeks. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injection to the Left Knee once a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, 20th Edition, 2015, Knee and 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 and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections.

**Decision rationale:** The current request is for ORTHOVISC INJECTION TO THE LEFT KNEE ONCE A WEEK FOR 4 WEEKS. The RFA is dated 08/28/15. Treatment to date has included left knee arthroscopic surgery (05/28/15), physical therapy, moist heat packs, electrical stimulation, soft tissue massage, injections and medications. The patient is not working. MTUS Guidelines are silent regarding Orthovisc injections. ODG Guidelines, Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections states 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 07/28/15, the patient is two months status post left knee arthroscopic surgery, with complaints of residual pain, limitation and some inflammation. Examination revealed mild effusion and crepitus, knee mobility showed extension to -5 degrees and flexion to 120 degrees with increased pain at the end of range. A request was made for a series of Orthovisc injections. Left knee x-ray from 01/30/15 showed "moderate severity degenerative changes of the left knee." No post-operative imaging supporting a diagnosis of "severe osteoarthritis" of the left knee was provided. Furthermore, this patient is only two months post-operative, and the failure of conservative measures such as NSAIDs and physical therapy was not established. In fact, additional PT was requested concurrently with the Orthovisc injections. Given the lack of evidence that this patient has "severe osteoarthritis" and has failed recent trials of conservative treatments, the Orthovisc injections cannot be supported. The request IS NOT medically necessary.