

<b>Case Number:</b>	CM15-0200048		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/21/2001
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 67-year-old female with a date of industrial injury 3-21-2001. The medical records indicated the injured worker (IW) was treated for status post two surgical procedures of the left knee (2001 and 2006). In the progress notes (9-10-15), the IW reported left knee pain. On examination (9-10-15 notes), she had medial joint line pain and pain with flexion, which was about 120 degrees; extension was 0 degrees. Drawer testing revealed the anterior and posterior cruciate ligaments were intact. There did not appear to be instability from laxity of the joint. Some catching and popping occurred in the medial portion of the knee joint with valgus and varus strain in flexion and extension. Treatments included steroid injection, arthroscopy (2001, 2006), physical therapy, medication (Ibuprofen- not working well), TENS unit and ice (some relief) and viscosupplementation (worked well). No diagnostic imaging was included in the records reviewed. A Request for Authorization dated 9-22-15 was received for left knee Orthovisc injections, #4. The Utilization Review on 9-30-15 non-certified the request for left knee Orthovisc injections, #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee orthovisc injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, 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:** Left knee orthovisc injections are not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that the patients experience significantly symptomatic osteoarthritis with documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; over 50 years of age. The ODG states that injections can be repeated if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. The documentation does not reveal evidence of severe osteoarthritis of the knee. It is not clear whether the prior injections for the knee resulted in functional improvement for 6 months or more. Furthermore, the request does not specify a quantity. For all of these reasons left knee orthovisc injections are not medically necessary.