

<b>Case Number:</b>	CM15-0209664		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/27/2002
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 62 year old male, who sustained an industrial injury on 02-27-2002. The injured worker was diagnosed as having left knee osteoarthritis. On medical records dated 07-08-2015, the subjective complaints were noted as presenting for 3rd Orthovisc injection to the left knee. Previous injections were noted to have tolerated well. Objective findings were noted as knees were noted to have no swelling, erythema or ecchymosis in the area of last injections. No appreciable muscle atrophy was noted, lower extremity neurovascular exam was intact and distal circulation was intact as well, along with an antalgic gait. No measurable improvement was noted on 07-08-2015. The injured worker underwent left knee injection of viscosupplementation-Orthovisc injections with ultrasound on 06-24-2015, 07-01-2015 and 07-08-2015. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was dated 08-28-2015. The UR submitted for this medical review indicated that the request for retrospective Orthovisc Injection with Ultrasound, left knee was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Orthovisc Injection with Ultrasound, 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; Chapter Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid Injections.

**Decision rationale:** The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." Criteria for Hyaluronic acid injections: \* Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; \* 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. \* Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; \* Failure to adequately respond to aspiration and injection of intra-articular steroids; \* Generally performed without fluoroscopic or ultrasound guidance; \* Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) \* Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. \* Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation submitted for review does not contain any recent diagnostic reports showing degenerative changes or evidence of severe osteoarthritis. Additionally, there was no evidence of failure to adequately respond to aspiration and injection of intra-articular steroids. The request is not medically necessary.