

<b>Case Number:</b>	CM15-0020326		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 68 year old male, who sustained an industrial injury on 2/26/2008. He has reported a motor vehicle accident with subsequent injury to neck, back, shoulder and bilateral knees. The diagnoses have included degenerative disease, right knee, right rotator cuff tear, chronic lumbar strain, lumbar spondylosis with radiculopathy and bilateral foraminal narrowing, and chronic cervical strain with secondary headaches. He is status post right knee arthroscopy 2011 and left knee arthroscopy 2014. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, prior orthovisc injections were administered with relief documented. Currently, the IW complains of bilateral knee and right shoulder pain with low back pain that radiated to bilateral lower extremities. November 19, 2014 physical examination documented spasm and guarding to lumbar spine with decreased Range of Motion (ROM). There was generalized tenderness noted to bilateral knees with no effusion or swelling noted. Diagnoses included derangement of meniscus, right knee osteoarthritis, neck pain, sciatica, stenosis lumbar spine. There is history of gastrointestinal bleeding, contraindicating current Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use. The plan of care included current medications as previously prescribed. On 1/8/2015 Utilization Review non-certified six (6) orthovisc injections to bilateral knees, noting the documentation did not include failed conservative treatment. The ODG Guidelines were cited. On 2/3/2015, the injured worker submitted an application for IMR for review of six (6) orthovisc injections to bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Orthovisc injections to bilateral knees: 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 & Leg (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knees, Hyaluronic acid injections

**Decision rationale:** The request is for a series of three Orthovisc injections in each knee. ODG notes that over a 5 year period the maximum allowed series of three injections to a knee is 3 series of injections. This patient already had 4 series of three injections of Orthovisc in the past 5 years to the right knee and has already exceeded the maximum allowed. Thus, the requested bilateral Orthovisc series of three injections to each knee is not consistent with ODG guidelines and is not medically necessary.