

<b>Case Number:</b>	CM15-0020794		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/09/1997
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, 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:

The injured worker is a 34 year old female, who sustained an industrial injury on November 9, 1997. The mechanism of injury was a fall. The injured worker has reported bilateral knee pain. The diagnoses have included chondromalacia, worsening knee pain and chronic pain syndrome. Treatment to date has included pain medication, anti-inflammatory medication, physical therapy, Orthovisc injections, bilateral knee x-rays and a home exercise program. The injured worker had previous Orthovisc injections in 2013, which were very helpful with an increase in activity and walking tolerance with functional benefit for one year. Current documentation dated January 22, 2015 notes that the injured worker complained of bilateral knee pain rated at a five out of ten on the Visual Analogue Scale. Physical examination of the left knee revealed tenderness to palpation, crepitus and a decreased painful flexion. The right knee revealed crepitus and a decreased painful range of motion. On January 31, 2015 Utilization Review non-certified a request for three Orthovisc injections to the left knee. The Official Disability Guidelines were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of three Orthovisc injections to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Orthovisc injections to the 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 (ODG), Knee and Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Hyaluronic acid injections

**Decision rationale:** The patient has had Orthovisc injection in 2013 which offer 12 months of relief of her knee pain. Regarding the request for repeat Orthovisc injections, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, the requesting physician has documented the patient has good response to conservative treatment including physical therapy and Celebrex. Furthermore, there is no clear documentation of osteoarthritis in the left knee. Although this is a repeat injection, there should still be adequate documentation of osteoarthritis to ensure that this injection is done for an appropriate indication. Finally, guidelines do not support the use of hyaluronic acid injections for chondromalacia patellae. As such, the currently requested Orthovisc injections X3 left knee is not medically necessary.