

<b>Case Number:</b>	CM15-0210658		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/28/2000
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/16/2015
<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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial-work injury on 8-28-00. He reported initial complaints of left knee pain. The injured worker was diagnosed as having left knee medial meniscus tear and osteochondral defect, left knee synovitis and left foot tibial sesamoid fracture. Treatment to date has included medication, surgery (status post left knee meniscectomy and synovectomy), and physical therapy. Currently, the injured worker complains of chronic left knee pain that is reported as doing well with help from physical therapy. The left foot continued with worsening with difficulty ambulation and has to adjust-shift gait to compensate. Per the primary physician's progress report (PR-2) on 9-17-15, exam noted range of motion of left knee at 0-120 degrees, atrophy of muscles of knee, and no signs of effusion. The Request for Authorization requested service to include 3 Orthovisc injection to the left knee. The Utilization Review on 10-16-15 denied the request for 3 Orthovisc injection 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).

**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 (acute & chronic) Hyaluronic Acid Injections.

**Decision rationale:** This claimant is a 56 year-old male with chronic left knee pain and a date of injury of 8/28/2000. The request is for 3 Orthovisc injections to the left knee. CA MTUS does not address hyaluronic acid injections (HAI). The ODG state HAI are an option for patients with severe osteoarthritis which has been unresponsive to conservative treatments (exercise, NSAIDs, Acetaminophen), to potentially delay total knee replacement. The magnitude of improvement with HAI is modest at best. In this case, Orthovisc injections to the knee are not indicated. The medical records state the patient is doing well in regard to his left knee. A 9/17/2015 progress note indicates he has no pain or swelling in the left knee and he is improving with physical therapy. Thus in the absence of significant symptomatic osteoarthritis and current benefit from physical therapy, the request for Orthovisc injections is not medically necessary or appropriate.