

<b>Case Number:</b>	CM15-0034101		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

### 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 38-year-old male sustained a work related injury on 03/09/2009. According to a progress note dated 01/08/2015, the injured worker complained of residual left knee pain and crepitus. Objective findings included no effusion, slight patellofemoral pain, slight patellofemoral grind, minimally tender patella tendon, positive crepitus and range of motion 0-130 degrees. Plan of care included continue home exercise program, request Orthovisc x 3 left knee for chondromalacia, pain management, buccal smear, Tramadol and urine drug screen. On 02/19/2015, Utilization Review non-certified left knee Orthovisc injections quantity 3. According to the Utilization Review physician, the records failed to document osteoarthritis of the knee, other than noting chondromalacia of the patella. As Official Disability Guidelines do not recommend Viscosupplementation for patellofemoral disease and with the medication records failing to documents longevity and specific amount of benefit from previous injections, the request is deemed not medically necessary. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter for Hyaluronic acid injections.

**Decision rationale:** The 2/19/15 Utilization Review letter states the Three left knee Orthovisc injections requested on the 2/11/15 medical report was denied because ODG guidelines do not recommend viscosupplementation for patellofemoral disease, and the records failed to document longevity and specific benefits from prior injections. The 2/11/15 report is an appeal for the left knee viscosupplementation injections. The physician states they were "previously utilized with some degree of benefit." The patient had arthroscopy on 1/15/14 and was noted to have stage III chondromalacia of trochlea, stage II/III chondromalacia of the patella and stage II in the lateral femoral condyle. X-rays of the knee from 9/2014 showed relatively normal cartilage intervals. MTUS/ACOEM did not specifically discuss hyaluronic acid injections. ODG guidelines were consulted. ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections (odg updated 2/27/15) states 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), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." And: "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)" In this case, the patient is not reported to have severe osteoarthritis. X-rays were reported to show normal cartilage intervals. The guidelines state the injections are not indicated for patellofemoral syndromes, patellofemoral arthritis, or chondromalacia patellae. The ODG criteria for viscosupplementation injections have not been met. The request for Three left knee Orthovisc injections IS NOT medically necessary.