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| <b>Case Number:</b>   | CM15-0043134 |                              |            |
| <b>Date Assigned:</b> | 03/13/2015   | <b>Date of Injury:</b>       | 08/04/2014 |
| <b>Decision Date:</b> | 04/16/2015   | <b>UR Denial Date:</b>       | 02/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/07/2015 |

### 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: Massachusetts

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 42-year-old male, who sustained an industrial injury on August 4, 2014. He reported recurrence of left knee pain, cumulative in nature. The injured worker was diagnosed as having left knee sprain. Treatment to date has included physical therapy, activity modification, MRI, and medication. Currently, the injured worker complains of left knee pain. The Primary Treating Physician's report dated January 28, 2015, noted the injured worker had completed six physical therapy sessions. The injured worker's medications were listed as Ibuprofen and Acetaminophen. The injured worker was noted to be on modified work duty. The treatment plan included continuation of the current medication regimen, ice or cold packs as needed, and continuation of advancement of activity level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections times three of 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:** The claimant sustained a work-related injury in August and is being treated for a left knee strain. X-rays of the knee are reported as negative. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has normal plain film x-rays of the knee. There is no diagnosis of osteoarthritis. Therefore, the requested series of Orthovisc injections was not medically necessary.