

<b>Case Number:</b>	CM15-0055226		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 48 year old male, who sustained an industrial injury on March 17, 2004. He reported injury to his left leg and left arm. The injured worker was diagnosed as having left leg below the knee amputation, left arm between the shoulder and elbow amputation and phantom pain. Treatment to date has included surgery and medications. On February 23, 2015, the injured worker complained of aching and burning in the left arm and leg stump rated as an 8 on a 1-10 pain scale without medications. Percocet medication was noted to reduce the pain down to a 3/10 on the pain scale. The injured worker was noted to have cellulitis. The treatment plan included right knee orthovisc injections, antibiotic medication and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) series of 3 orthovisc injection at the right 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, Orthovisc injection (Hyaluronic injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Hyaluronic Acid Injection.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one series of three orthovisc injections to the right knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol) to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients who experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic means; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness, over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy/ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis; repeat series of injections—if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's legible working diagnosis is left BKA phantom pain. The diagnosis in the number one position is illegible. There are no physical findings involving the knee joints. There is no objective documentation of severe osteoarthritis of the knee. The documentation does not provide physical objective evidence of bony enlargement, bony tenderness, crepitus on physical examination, a discussion of morning stiffness or inflammatory changes of the synovium. There was also no mention of symptomatic severe osteoarthritis of the knee. The injured worker is 48 years old. The guidelines recommend injections over the age of 50. The historical and objective physical findings do not meet the criteria for hyaluronic acid injections. Consequently, absent legible clinical documentation with evidence of symptomatic osteoarthritis that has not responded adequately to conservative pharmacologic and nonpharmacologic treatment with no clinical evidence of severe osteoarthritis on physical examination, one series of three orthovisc injections to the right knee is not medically necessary.