

<b>Case Number:</b>	CM15-0056876		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 42 year old male sustained an industrial injury to the right knee on 2/1/11. Previous treatment included magnetic resonance imaging, anterior cruciate ligament reconstruction, physical therapy, acupuncture and medications. In an orthopedic evaluation dated 3/11/15, the injured worker had no complaints. Physical exam was remarkable for minimal effusion to the right knee with no other changes. Current diagnoses included knee osteoarthritis. The treatment plan included a series of three Orthovisc injections into the right knee. The injured worker received the first injection during the office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injection to the right knee, #1 of 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Knee & Leg (Acute & Chronic)- Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthovisc, FDA approved package insert.

**Decision rationale:** The patient is a 42 year old male with an injury on 02/01/2011. He had ACL reconstruction. On 03/11/2015 he had no complaints. There was a minimal right knee effusion. Orthovisc is not routine treatment after an ACL reconstruction. He is 42 years old and there is no documentation that this patient has severe arthritis and does not have a FDA approved indication for orthovisc injections. The request is not medically necessary.