

<b>Case Number:</b>	CM15-0057410		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44-year-old male who sustained a work related injury September 22, 2014. While repetitively crawling under houses performing his job, he developed pain to his lower back and bilateral knees. Diagnoses are documented as; knee sprain/strain and pain knee/patella bilateral. According to a primary treating physician's progress report, dated February 12, 2015, the injured worker presented for follow-up, with complaints of continued pain over the anterior aspect of both of his knees with swelling. Physical examination reveals no swelling but tenderness to palpation over the anterior knee and medial patella with minimal joint line pain. Impression is documented as right and left knee pain, industrial trauma; patella femoral syndrome; chondromalacia patella. Treatment plan included requests for authorization for physical therapy and bilateral knee injection series.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee orthovisc injection x 4:** 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), Leg Chapter, Criteria for Hyaluronic acid or Hylan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

**Decision rationale:** According to ODG guidelines, Hyaluronic acid injections is “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.” In this case, there is no evidence of osteoarthritis. There is no clear evidence of failure of conservative therapies. Furthermore, there is no clear need to repeat knees injection without documentation of efficacy of previous injections. Therefore, the request for bilateral knee orthovisc injection x 4 is not medically necessary.