

<b>Case Number:</b>	CM15-0083503		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 56-year-old male, who sustained an industrial injury on 11/01/2002. He has reported injury to the bilateral knees and low back. The diagnoses have included bilateral knee osteoarthritis, early arthritis right knee, severe osteoarthritis left knee; and patellofemoral maltracking/chondromalacia, left worse than right. Treatments have included medications, diagnostics, injections, bracing and physical therapy. Medications have included Tramadol, Gabapentin, and Prilosec. A progress note from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral knees. Objective findings included noted difficulty getting on and off the exam table; slight genu valgum bilaterally; lost extension on the left when compared to the right; atrophy of the left thigh and very poor quad strength; patellofemoral testing shows apprehension, crepitus, and lateral patella tracking on the left; nominal lateral joint line tenderness; and recent x-rays of the bilateral knees showed symmetrical slight narrowing of the lateral compartment of both knees. The plan of treatment has included the request for one series of three Orthovisc injections for the left knee. Past cortisone injections was noted to result in significant pain relief for a short duration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Series of 3 Orthovisc Injections for the left knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records show that the patient have subjective, objection and radiological findings of severe left knee arthritis. The patient has failed conservative treatment with medications and PT. The steroid injections resulted in significant pain relief of short duration. It was intended that the injection of hyaluronidase derivative will result in a longer lasting relief of symptoms as well as delay or avoidance of knee surgery. The criteria for a series of Orthovisc x3 to left knee was met. Therefore, the request is medically necessary.