

<b>Case Number:</b>	CM14-0111774		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 26-year-old female with date of injury of 10/01/2012. The listed diagnoses per [REDACTED] from 06/18/2014 are: 1. Myoligamentous lumbar spine sprain/strain.2. History of left knee surgery from 04/24/2013.3. Chondromalacia, left knee. According to this report, the patient complains of frequent left knee pain described as aching, sharp, stabbing, shooting, throbbing, and occasionally radiating down the front of the shin. She rates her pain at rest 2/10. The patient also complains of numbness, tingling, weakness, and swelling. The physical examination shows the patient is alert and cooperative and utilizes a cane for ambulation. There is tenderness to palpation over the paraspinal muscles. The left knee shows a well-healed anterior-posterior 5-cm incision and well-healed anterior 4-cm incision. No effusion or erythema. There is tenderness to palpation along the patellofemoral joint. The provider mentions radiographs performed on 06/18/2014 of the left knee, which revealed degenerative changes within the patellofemoral compartment. The utilization review denied the request on 07/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injection Left knee x 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Knee chapter, hyaluronic acid injections

**Decision rationale:** This patient presents with left knee pain. The provider is requesting Orthovisc injection to the left knee x3. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on hyaluronic acid injections state, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The records show that the patient has utilized physical therapy, chiropractic treatment, and medication treatment with minimal relief. The patient has not had Orthovisc or viscosupplementation injection into the left knee. However, X-rays showed DJD changes of the patellofemoral joint but the severity is not described. The patient is only 26 years old and it is unlikely that the patient has severe arthritic changes. The patient also suffers from chondromalacia for which these injections are not indicated per ODG. Recommendation is for denial. Such as, Orthovisc Injection Left knee x 3 is not medically necessary.