

<b>Case Number:</b>	CM14-0143602		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/19/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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, 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:

This is a patient with a date of injury of January 19, 2008. A utilization review determination dated August 21, 2014 recommends noncertification of left knee Orthovisc injection X3. Noncertification was recommended to await the outcome of the recent steroid injection on August 6, 2014 as well as documentation of failure of physical therapy. A report dated January 17, 2014 indicates that the patient underwent surgery for his left knee and had 12 postoperative therapy sessions with no benefit. In June 2013 he received Euflexxa injections to the left knee approximately every 6 months. The patient states that the injections "temporarily improved the pain." Current complaints include knee pain with popping in giving way. Physical examination findings identify tenderness around the lateral joint lines and left medial femoral joint. X-rays of the left knee show "marked narrowing in the lateral compartment." The diagnoses include status post left knee meniscectomy. The note indicates that the patient has reached maximum medical improvement. A progress report dated February 12, 2014 identifies subjective complaints of left knee pain. Physical examination reveals tenderness over the knee. The diagnosis is left knee degenerative arthritis. The treatment plan recommends Celebrex, Voltaren gel, and a steroid injection. A progress report dated December 12, 2013 indicates that the patient underwent a 2nd, left knee Euflexxa injection.

### 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, Treatment for Workers Compensation, Online Edition, Knee and Leg, Hyaluronic acid 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 Chapter, Hyaluronic acid injections

**Decision rationale:** Regarding the request for Orthovisc x3 for the left knee, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of clarity regarding those issues, the currently requested Orthovisc x3 is not medically necessary.