

<b>Case Number:</b>	CM14-0147554		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	01/09/2008
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Pain Management 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 injured worker is a 64 year old female with a date of injury on 1/9/2008. April 21, 2014 records indicate that injured worker had x-rays of the left knee due to history of osteoarthritis. Findings indicate bicompartamental degenerative change now seen with the possibility of left suprapatellar effusion suggesting internal derangement. August 11, 2014 records indicate that the injured worker has been notified about the potential need for resurfacing arthroplasty. On examination of the left knee, large joint effusion was noted. Moderate tenderness was noted over the medial joint line. Range of motion was limited. Pain was noted at the terminal knee extension and flexion. McMurray medially produced pain and clicking sensation. Positive patella inhibition sign consistent with chondromalacia of the patellofemoral joint was noted. Muscle strength of the hamstrings and quadriceps was 4/5. September 11, 2014 records indicate that the injured worker is documented to have left knee pain with standing, walking, twisting, and pivoting. She also reported difficulty going up and down the stairs. She reported that her Orthovisc shots were approved. A left knee examination noted moderate effusion and tenderness over the medial joint line. Pain was noted on terminal knee flexion and terminal knee extension. McMurray medially produced pain and clicking sensation. Patella inhibition sign was positive. Strength was noted 4/5 with the quadriceps. She is diagnosed with left knee degenerative chondromalacia of the medial compartment and patellofemoral compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging)

**Decision rationale:** According to evidence-based guidelines, one of the indications for a magnetic resonance imaging (MRI) of the knee is nontraumatic knee pain, adult-non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. In this case, the left knee of the injured worker notes degenerative changes and left knee x-ray performed on April 21, 2014 indicate possibility of left suprapatellar effusion suggesting internal derangement. Based on this clinical presentation, the injured worker's current presentation meets the indications of evidence-based guidelines therefore the medical necessity of the requested treatment is established. Based on the determination letter dated August 25, 2014, the requested magnetic resonance imaging (MRI) scan of the left knee is held off until the effects of the approved Orthovisc injections have been evaluated. However, based on evidence-based guidelines, the clinical presentation of this injured worker sufficiently meets one of the criterion for this procedure.

**Orthovisc injection x3; for left knee, fluoroscopy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Evidence-based guidelines indicate that Orthovisc (hyaluronic acid) injections are recommended as an option for osteoarthritis. In this case, the injured worker is noted to have left knee osteoarthritis. This clinical presentation satisfies the indication for Orthovisc injections. Hence, establishes the medical necessity of the requested Orthovisc injection.