

<b>Case Number:</b>	CM14-0148223		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/26/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is 39 year old male with an injury date of 07/12/08. The 07/30/14 progress report by [REDACTED] states that the patient presents with giving way and lack of strength in the right knee post mulit-comparment synovectomy, meniscectomy and chondroplasty (06/03/14.) The patient remains off work. A 06/10/14 examination reveals dry incisions without drainage and range of motion 0-110 degrees. The 06/03/14 Postoperative diagnosis is lateral meniscus tear, arthritis, multi-compartment synovitis, intact medial meniscus. Reports provided include: 06/03/14 Arthroscopic operative report. Physical therapy of the right knee 4 visits 06/12/14 to 06/23/14. The utilization review being challenged is dated 08/26/14. The rationale is that there is lack of documentation regarding severe symptomatic osteoarthritis and failure to adequately respond to aspiration and injection of intra-articular steroids. Reports were provided from 01/27/14 to 07/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection 1 x week for 4 weeks, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg

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

**Decision rationale:** The patient presents with giving way and weakness in the right knee post 06/03/14 arthroscopy. The provider requests for Orthovisc (Hyaluronic acid) injection 1x week for 4 weeks right knee. The peer to peer review dated 08/26/14 states that the reason for provider's request includes the severity of the patient's arthritis and grade 3 chondromalacia on the lateral tibial plateau. MTUS is silent on Orthovisc injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, "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." ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, there is discussion of arthritis in this patient and there is no record of prior Orthovisc injections in the reports provided. However, the provider has asked for a series of 4 injections and ODG states that there was no difference between 3 or 6 consecutive injections. While a series of 3 injections may be reasonable, the requested series of 4 is not supported. Therefore, this request is not medically necessary.