MAXIMUS Federal Services

| Case Number: | CM14-0160297 | | |
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| Date Assigned: | 10/03/2014 | Date of Injury: | 05/22/2014 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

## 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 in Pain Medicine 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 May 22, 2014. A utilization review determination dated October 30, 2014 recommends noncertification for Orthovisc injections to the right knee. Noncertification was recommended due to lack of documentation of objective functional deficits, failure of physical therapy, failure of intra-articular steroid injections, and objective findings supporting a diagnosis of severe osteoarthritis. A progress report dated August 28, 2014 identifies subjective complaints of right knee pain. The note indicates that the patient has been in therapy for the last 3 weeks with some improvement. The note indicates that the patient is attempting to work but it is very difficult and he has to significantly modify his work activities. Objective examination findings reveal joint line tenderness both medially and laterally with 1+ effusion. Diagnoses include right knee tricompartmental osteoarthritis and right knee medial and lateral meniscus tears. The treatment plan recommends Orthovisc injections, weight loss, cycling, avoid cortisone injection due to diabetes, and consider getting a stationary bike. The note indicates that the patient has previously tried Tylenol and Naprosyn with minimal relief. An MRI dated June 24, 2014 identifies tricompartmental osteoarthritis and chondromalacia of the patient's right knee. The patient also has a medial and lateral meniscus tear. A progress report dated June 3, 2014 indicates that the patient has diabetes and hypertension with some issues with gastric reflux. The note indicates that the patient works as a field service engineer and therefore has to do large amounts of walking. A note dated June 24, 2014 indicates that the patient is not a candidate for an unloader brace due to damage on both the medial and lateral sides. Additionally, the patient shall be put in physical therapy twice a week for 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections 1 times 3 right knee:** Overturned

**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), 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 times3, 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, the requesting physician has identified that the patient has failed non-steroidal anti-inflammatory drug (NSAID) medication, is not a candidate for un-unloader brace, is not a candidate for steroid injections, and has attempted physical therapy with no major improvement. Additionally, there is documentation of the physical exam findings supporting the patient's diagnosis as well as activity limitation as a result of the knee complaints. Furthermore, there is documentation of an MRI identifying osteoarthritis in the knee. As such, the currently requested Orthovisc times 3 is medically necessary.