

<b>Case Number:</b>	CM14-0161038		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 43-year old female who sustained an injury on July 10, 2010. She is diagnosed with (a) right knee pain with osteoarthritis; and (b) arthrofibrosis of the right knee with contractures and synovitis, status post right knee exam under anesthesia, arthroscopy of the right knee, partial synovectomy, and manipulation under anesthesia dated May 22, 2013. She was seen for an evaluation on September 9, 2014. She stated that her symptoms have worsened. She complained of sharp pain in her right knee, which was rated 6/10. She also complained of stiffness. She reported the Celebrex did not help her pain. An examination of the right knee revealed limited range of motion and there was no instability noted. There was tenderness over the medial joint line and over the greater trochanter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injections x 3, right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Knee Chapter; 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 and Leg, Hyaluronic Acid Injections

**Decision rationale:** The request for Orthovisc injections x 3 right knee is not medically necessary at this time. Guidelines state that Orthovisc injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacological and pharmacological treatments. While there was indication in the reviewed medical records that there was failure to respond to conservative treatment, subjective and objective findings were not significant enough to warrant the need for Orthovisc injections to the right. Pain was subjectively rated at 6/10. The physical examination is remarkable only for tenderness and limited range of motion. Hence, the request for Orthovisc injections x 3 to the right knee is not medically indicated at this time.