

<b>Case Number:</b>	CM13-0053631		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 female injured worker (IW) continues to complain of left knee pain stemming a work related injury reported on 9/29/2012. On 11/6/2013 Utilization Review non-certified, for medical necessity, the request for Orthovisc injections, x 3, stating that the IW had been given a clinical impression/diagnosis for knee arthralgia and chondromalacia patella, and had been given a knee brace, treated with physical therapy and placed on medication; without the outcome specified in the medical record. Cited were the ODG guidelines for the knee and leg, hyaluronic acid injections criteria. The orthopedic evaluation, dated 10/21/2013, states that this IW was treated with physical therapy and medication; uses a cane for ambulation; and was stated to be temporarily totally disabled and placed on modified duties at work. Recommendations included home heat/ice, and a home exercise program, with stretching, for strength; no mention of failed therapies was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOVISC INJECTIONS X 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), HYALURONIC ACID INJECTIONS SECTION.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Hyaluronic acid injection

**Decision rationale:** Pursuant to the Official Disability Guidelines, orthovisc injections times three are not medically necessary. Orthovisc (hyaluronic acid injections) are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol) to potentially delayed total new replacement. There is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patella, osteochondritis desiccans, or patellofemoral syndrome. The criteria for hyaluronic acid injections are enumerated in the official disability guidelines. The criteria include, but are not limited to, documented symptomatic severe osteoarthritis of the knee; pain interferes with functional activities; patient's experience significant and symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic therapies; if there is documented significant improvement in symptoms for six months or more and symptoms recur, it may be reasonable to do another series; failure to adequately respond to aspiration and injection of intra-articular steroids. In this case, the injured worker's working diagnoses are knee arthralgia; and knee chondromalacia patella. Subjectively, the injured worker complains of constant left knee pain that varies with activity. A left knee MRI and orthovisc injections were previously not authorized. Objectively, the injured worker ambulates with a cane. Examination reflects medial joint line tenderness. No effusion was noted. The injured worker underwent prior physical therapy. The total number of visits is not documented and there were no progress notes in the medical record. The documentation does not contain evidence of severe osteoarthritis. Additionally, hyaluronic acid injections are not indicated for chondromalacia patella. This diagnosis is enumerated in the medical record. Consequently, absent clinical documentation to support Orthovisc (hyaluronic acid injections) with documentation of chondromalacia patella, orthovisc injections times three are not medically necessary.