

<b>Case Number:</b>	CM14-0203224		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational Medicine, has a subspecialty in Environmental Medicine and Medical Toxicology and is licensed to practice in West Virginia. 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 individual is a 46 year old male who sustained an industrially related injury on December 13th, 2010 involving his left knee. He has ongoing complaints of knee pain and difficulty walking. He is status post left knee arthroscopy on 8/29/13. A recent MRI (11/20/14) details a tear of the lateral meniscus. The most recent physical examination (10/13/14) available in the provided medical record notes; 5/5 strength in bilateral lower extremities, knee joint range of motion within normal limits, no signs of neurological injury. There are physical therapy notes dating to 2013 indicating benefit from that modality. Relevant diagnoses include: knee arthralgia; lateral and medial meniscus tear. He is currently using ice, topical analgesics and anti-inflammatory medications for pain control. This request is for hyaluronic acid injections for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee, Hyaluronic acid injections

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." Official Disability Guidelines (ODG) recommends as a guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;". Medical notes do not indicate that the worker underwent cortisone injections, nor do they adequately describe a diagnosis of osteoarthritis as this individuals symptoms may be attributed "to other forms of joint disease" There is also no other documentation provided commenting on if the patient was unsuccessful with nonpharmacologic treatment (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months. As such, the request for orthovisc injection for the left knee is deemed not medically necessary.