

<b>Case Number:</b>	CM14-0212030		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 individual is a 57 y/o female who has developed persistent knee and cervical pain subsequent in an injury 2/1/06. The injury included several fractures including the cervical spine, lumbar spine, upper extremity and knee. The knee fracture included the patellar and tibial plateau. She has developed posttraumatic arthritis and an eventual total knee replacement is planned. She is described to have occasional pain and discomfort in the knee. She is reported to have had prior hyaluronic injections and it is documented that the patient "feels they helped".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections for the right knee, series of 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Injections.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in depth and point out that the benefits are very questionable. The Guidelines state that to support repeat injections there has to be significant benefits for at least 6 months. The statement from the patient that she "feels they helped" does not meet the level of benefit that Guidelines recommend to justify repeat injections. There are no unusual circumstances to justify an exception to Guidelines. The request for Orthovisc injections for the right knee, series of 3 is not medically necessary.