

<b>Case Number:</b>	CM14-0212496		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 patient is a 45 year old male with date of injury 1/3/13. The mechanism of injury is stated as jamming his knee. The patient has complained of left knee pain since the date of injury. He has been treated with orthovisc injections, physical therapy and medications. There are no radiographic reports included for reivew. Objective: painful range of motion of the left knee, positive McMurray's sign left knee. Diagnoses: left knee pain/strain. Treatment plan and request: Orthovisc injections #3, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of Orthovisc Injections #3, left knee, per 10/24/14 PR2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339.

**Decision rationale:** This 45 year old male patient has complained of left knee pain since date of injury 1/3/13. He has been treated with Orthovisc injections, physical therapy and medications.

The current request is for Orthovisc injections # 3 left knee. Per the ACOEM guidelines cited above, Orthovisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the guidelines cited above, Orthovisc injections #3 left knee is not indicated as medically necessary.