

<b>Case Number:</b>	CM14-0215176		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Physical Medicine & Rehabn

### 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 41 year old female with an injury date of 08/07/13. Based on the 09/11/14 progress report, the patient complains of left knee pain in the patellofemoral joint and slight lateral joint line pain. The 11/04/14 report indicates that the patient has left knee and left shoulder pain. She has patellar crepitus with catching symptoms and aggravation. The 12/02/14 report states that she has some buckling and catching sensations in the patellofemoral joint and had a recent fall injuring both her knees and left shoulder. The 08/08/14 MRI of the left knee shows small meniscal tear involving the posterior horn of the lateral meniscus near the meniscal root extending to the inferior articular surface and an 8 mm area of transchondral signal alteration involving the lateral patellar facet compatible with chondromalacia. The patient's diagnoses include the following: 1. Chondromalacia of patella 2. Superior glenoid labrum lesion. The utilization review determination being challenged is dated 12/10/14. Treatment reports are provided from 05/13/14- 12/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection x 3 to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections (Wen, 2000)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg (acute and chronic) chapter, hyaluronic acid injections

**Decision rationale:** The patient presents with left knee pain in the patellofemoral joint and slight lateral joint line pain. The request is for Orthovisc Injection X 3 for the left knee to help her patellar chondromalacia. The utilization review denial rationale is that there is no documented severe osteoarthritis or failure of intra-articular injection for this patient. MTUS Guidelines are silent on Orthovisc injections. ODG knee and leg (acute and chronic) guidelines state hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. ODG further states that the study assessing the efficacy of intraarticular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections. The records do not show any previous Orthovisc injection to the left knee. The 08/08/14 MRI of the left knee shows small meniscal tear involving the posterior horn of the lateral meniscus near the meniscal root extending to the inferior articular surface and an 8 mm area of transchondral signal alteration involving the lateral patellar facet compatible with chondromalacia. She has patellar crepitus with catching symptoms and aggravation as well as buckling/catching sensations in the patellofemoral joint. The 06/03/14 report indicates that the patient is taking Norco, Celebrex, Percocet, Trazodone, and Avinza. The 11/04/14 report states that the patient is to continue her physical therapy for her left knee. Although the patient had physical therapy in the past, there is no documentation of how it impacted her pain and function. There is no discussion on other conservative treatments the patient has had. Furthermore, the patient does not have osteoarthritis, as required by MTUS Guidelines for this type of injection. The requested Orthovisc injection is not medically necessary.