

<b>Case Number:</b>	CM14-0218023		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/22/2009
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 & Rehabilitation

### 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 injured worker sustained a work related knee injury on November 22, 2009, falling on a bus. The injured worker was noted to have undergone previous left knee arthroscopy with a meniscus repair and meniscectomy in January 2013. A copy of the surgical report was not included in the documentation provided. The injured worker's conservative treatments were noted to have included physical therapy, activity modification, cortisone injection, bracing, and oral pain medication. The injured worker was seen in the Emergency Room on July 29, 2014, for worsening knee pain, given an intramuscular injection of Toradol and discharged. The injured worker was noted to have appeared in an Urgent Care Center on several occasions for knee pain. A left knee MRI dated November 10, 2014, was noted to show evidence of prior partial medial meniscectomy with no definite recurrent medial meniscal tear, questioned subtle free margin blunting of the body of the lateral meniscus which could represent changes related to partial meniscectomy, a small radial tear, or volume averaging artifact, and patellar tendinopathy with no definite tendon tear. An Orthopedic Surgeon visit dated November 13, 2014, noted the injured worker with significant diffuse and anterior left knee pain, characterized as intermittent and frequent to moderate pain, occasionally severe. The injured worker was noted to be working without restrictions. The Physician noted the assessment as patellar tendonitis and chondromalacia of the left knee, and recommended a trial of Orthovisc viscosupplementation injections and then a patellar tendon strap to attempt to help manage the injured worker's pain with non-operative measures. The Physician requested authorization for three Orthovisc injections to the left knee. On December 5, 2014, Utilization Review evaluated the request for

three Orthovisc injections to the left knee, citing the Official Disability Guidelines (ODG), Knee and Leg Chapter. The UR Physician noted that there was no indication that the injured worker had severe osteoarthritis or was trying to delay a total knee replacement, and no examination was provided. The UR Physician noted that the MRI report from November 10, 2014, stated that there was no focal cartilage lesion or osteochondral lesion or effusion, therefore, the request for three Orthovisc injections to the left knee was not certified. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Three orthovisc injections 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 Official Disability Guidelines (ODG), Knee and leg chapter, hyaluronic acid injections

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

**Decision rationale:** The patient presents with left knee pain. The request is for THREE ORTHOVISC INJECTION FOR THE LEFT KNEE to help her chondromalacia. The utilization review denial rationale on 12/05/14 is that there is no indication that the patient has severe osteoarthritis or trying to delay a total knee replacement. 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 intra articular 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 MRI of the left knee from 11/10/14 shows patellar tendinopathy, no definite tendon tear. The 10/20/14 progress report indicates that the patient is taking Naproxen. Although the patient has had physical therapy and a Cortisone injection 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.