

<b>Case Number:</b>	CM15-0010698		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

This 50 year old male sustained a work related injury on 03/23/2010. According to the most recent progress report submitted for review and dated 09/30/2014, the injured worker reported feeling better with 75 percent improvement since the bilateral knee visco therapy completed on 08/19/2014. He was ready to attempt full duty at work again. A presumed diagnosis included bilateral knee osteoarthritis. Plan of care included return to work 10/21/2014 full duty with no restrictions and return to office in 2-3 weeks after working full duty. On 01/15/2015, Utilization Review non-certified Orthovisc Injections (3 to each knee) quantity 6. According to the Utilization Review physician, it had not been 6 months since prior series of visco supplementation and there was no documentation of return of osteoarthritis symptoms. Guidelines cited included the Official Disability Guidelines Knee and Leg Chapter. The decision was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections (3 to each knee) #6:** Overtaken

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section, 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 (acute and chronic) guidelines state hyaluronic acid injections

**Decision rationale:** The patient was injured on 03/23/10 and presents with bilateral knee osteoarthritis. The request is for ORTHOVISC INJECTIONS (3 TO EACH KNEE) #6. The utilization review denial rationale is that "there is no documentation of return of OA symptoms since his last orthovisc injection." The 01/09/15 RFA states that the request is for an orthovisc series 3 injection, bilateral. The patient is on a modified work duty. The utilization review letter states that "orthovisc (2 courses) in the past offer good relief for about 6 months at a time. He has been told he might need a TKA." The report with the request is not provided. 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. ODG guidelines require 6 months before the injections can be repeated. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. The 06/17/14 report states that the patient has been treated with PT, cortisone, NSAIDs and pain pills for a few years now. The patient has an antalgic gait, a limited range of motion, and diffuse pain/tenderness along his medial joint line. He is diagnosed with bilateral knee osteoarthritis. The 09/30/14 report indicates that the patient is taking Synthroid tablets and Aveed solution. The patient had 2 prior visco injections and has noted about 75% improvement since injections. The most recent injection was done on 08/19/14. The 09/30/14 report states that the patient is ready to attempt full duty at work again. Given that the request for repeat injection is from Jan 2015, the symptoms may have returned 4-5 months following the prior injection. Repeat injection would appear reasonable to delay potential TKR in this patient who is working. The request IS medically necessary.