

<b>Case Number:</b>	CM15-0016870		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/18/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30 year old male sustained an industrial injury on 6/18/11, with subsequent ongoing right knee pain. The injured worker was diagnosed with a meniscal tear. The injured worker underwent right knee arthroscopy with partial medial meniscectomy on 9/24/11. Other treatment included medications, physical therapy and corticosteroid injections. Magnetic resonance imaging right knee (12/24/12) showed inner surface signal abnormality within the lateral meniscus compatible with degeneration or a small tear and a small joint effusion. The injured worker underwent a second knee surgery on 3/28/12 without improvement. In a PR-2 dated 12/3/14, the injured worker complained of persistent right knee pain. Physical exam was remarkable for atrophy to the right lower extremity with decreased strength and range of motion and an antalgic gait. The injured worker ambulated using a cane. Current diagnoses included right knee pain and disorders of sacrum. The treatment plan included six sessions of physical therapy and a visco-supplementation injection to the right knee. On 1/20/15, Utilization Review noncertified a request for Orthovisc injection to the right knee with hyaluronic acid and lidocaine with ultrasound guidance citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection to the right knee with hyaluronic acid and lidocaine with ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 13th Edition (web 2015) Treatment Section for the knee under the heading for Hyaluronic Acid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic): Hyaluronic acid injections

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic knee pain. He underwent arthroscopy. X-rays of the knees are reported as negative. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant does not have a diagnosis of osteoarthritis and therefore, the requested series of injections was not medically necessary.