

<b>Case Number:</b>	CM15-0017003		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<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: 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 is a 64-year-old female who reported an injury on 11/17/2009. The mechanism of injury was not stated. The current diagnoses include knee arthralgia, knee joint crepitus, abnormality of gait, aftercare surgery, and knee degenerative osteoarthritis. The injured worker presented on 12/19/2014 with complaints of persistent pain and locking. The injured worker reported difficulty walking. It was noted that the injured worker utilized a cane for ambulation assistance and was participating in active rehabilitation. The injured worker was also utilizing hydrocodone 5/500 mg and Vistaril 50 mg. Upon examination of the left knee, there was an antalgic gait, anterior and lateral joint line tenderness, 0 to 100 degrees range of motion, a positive McMurray's sign, positive crepitus, intact sensation, and 5/5 motor strength. Recommendations included a series of Orthovisc injections. A Request for Authorization form was then submitted on 12/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc series of 3 injection of 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- Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, there was no documentation of symptomatic severe osteoarthritis of the knee. There was also no mention of a failure to respond to conservative treatment, including active rehabilitation. The injured worker was participating in a physical therapy program. There was also no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. Given the above, the request is not medically appropriate at this time.