

<b>Case Number:</b>	CM15-0017429		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 58 year old female, who sustained an industrial injury on August 16, 2014. She has reported right knee and hip pain. The diagnoses have included right knee medial meniscus tear and osteoarthritis. On October 16, 2014, she underwent a right knee arthroscopic multicompartamental synovectomy and partial medial and lateral meniscectomy and chondroplasty. Treatment to date has included x-rays, MRI, knee brace, pain and non-steroidal anti-inflammatory medications, work modifications, cryo/cuff, and postsurgical physical therapy. On December 22, 2014, the treating physician noted she was a little more than 2 months postoperative, and she still had pain, swelling, and difficulties. The physical exam revealed decreased range of motion, mild effusion, and moderate crepitation. She underwent a steroid injection to the right knee. The treatment plan included getting authorization for viscosupplementation. On February 4, 2015, the treating physician noted improvements from the prior steroid injection, but the medial aspect of the knee continues to bother her. She had moderate arthritic changes throughout her knee at the time of her surgery on October 16, 2014. She had failed conservative treatment. There was evidence of arthritis on radiographs. The physical exam revealed medial joint line tenderness, decreased range of motion, crepitation with range of motion, and no palpable warmth of the synovium. The treatment plan included seeking approval for viscosupplementation. On January 29, 2015, the injured worker submitted an application for IMR for review of a request for 1 cortisone injection to the right knee with 2 cc of Marcaine and 1cc of Lidocaine and a request for 1 series of 4 Orthovisc injections (1 injection per week for 4 weeks. The cortisone injection was non-certified based on lack of evidence of a

failed course of conservative care, including exercises and medications, and the lack of evidence of objective findings of severe osteoarthritis. The Orthovisc injections was non-certified based on lack of evidence of subjective findings of severe, osteoarthritis, a failed course of non-pharmacological and pharmacological conservative treatment after at least three months, morning stiffness less than thirty minutes, and no palpable warmth of the synovium. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline and the Official Disability Guidelines (ODG) were cited.

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

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

#### **1 Cortisone Injection to the Right Knee With 2cc of Marcaine and 1cc of Lidocaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** According to MTUS guidelines, and knee steroid injection is an option for severe osteoarthritis. However, there is no strong evidence supporting its efficacy. In this case, there is no documentation of failure of conservative therapy. There is no documentation of severe osteoarthritis pain. Therefore, the request is not medically necessary.

#### **1 Series of 4 Orthovisc Injections (1 Injection Per Week For 4 Weeks):** 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 (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

**Decision rationale:** According to ODG guidelines, Hyaluronic acid injections is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. In this case, there is no evidence of osteoarthritis. There is no clear evidence of failure of conservative therapies. Furthermore, there is no clear need to repeat right knee injection without documentation of efficacy of previous injections. Therefore the Series of 4 Orthovisc injections for right knee is not medically necessary.

