

<b>Case Number:</b>	CM15-0018631		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker was a 52-year-old male, who sustained an industrial injury, March 15, 2010. According to progress note of January 19, 2015, the injured workers chief complaint was left knee pain. The injured worker went back to work, but continues to complain of left knee pain with activity. The arthroscopy surgery noted arthritic changes. The treating physical felt the injured worker would be a good candidate for the Visco supplementation injections. The injured worker was diagnosed with defect alter femoral trochlea, patella chondromalacia and a possible medical meniscal tear of the left knee. The injured worker previously received the following treatments. The injured worker had Visco Injections after first knee surgery April 29, 2009, without benefit, Flexeril, Tramadol, and Neurontin. The MRI on May 20, 2014, which showed defect alter femoral trochlea, patella chondromalacia and a possible medical meniscal tear. The injured worker had repeat arthroscopic surgery, October 10, 2014, on the left knee partial lateral meniscectomy and chondroplasty of the femoral notch with postoperative physical therapy. January 23, 2015, the primary treating physician requested authorization for a left knee Orthovisc Injection, once a week for 4 weeks. On January 6, 2015, the Utilization Review denied authorization for a left knee Orthovisc Injection once a week for 4 weeks. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Orthovisc Injections (Once weekly) QTY: 4.00: 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 Section-Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, hyaluronic acid injections, updated February 27, 2015.

**Decision rationale:** The official disability guidelines indicates that the criteria for hyaluronic acid injections includes the presence of severe osteoarthritis and pain that interferes with activity that does not respond to injection of intra-articular steroids. The attached medical record indicates that the injured employee has had a previous treatment with visco supplementation which was stated not to be beneficial. Additionally, there is no documentation of failure to improve with intra-articular steroids nor does the knee arthroscopy on October 2, 2014 revealed signs of severe osteoarthritis. For these multiple reasons, this request for left knee Orthovisc injections is not medically necessary.