

<b>Case Number:</b>	CM15-0112822		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 52 year old man sustained an industrial injury on 1/3/2014. The mechanism of injury is not detailed. Evaluations include left knee MRI dated 4/14/2014. Treatment has included oral medications and steroid injections. Physician notes dated 5/4/2015 show complaints of continued left knee pain with a sense of instability. Recommendations include viscosupplementation, unloader braces, Ibuprofen, Norco, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient orthovisc injections for the left knee, once weekly for three weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and

not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or are intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not identified here. The patient continues with significant symptoms and clinical findings. MRI of the knee noted tricompartment degenerative disease with recent failed cortisone injection. Submitted reports have demonstrated clear supportive findings for the injection trial request. The Outpatient orthovisc injections for the left knee, once weekly for three weeks are medically necessary and appropriate.