

<b>Case Number:</b>	CM15-0114091		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/24/2000
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, 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 is a 57 year old male, who sustained an industrial injury on 02/24/2000. He has reported subsequent bilateral knee pain and was diagnosed with right knee osteoarthritis/chondromalacia. Treatment to date has included medication, two visco-supplement injections, physical therapy and surgery. In a progress note dated 04/21/2015, the injured worker complained of bilateral knee pain. Objective findings were notable for positive medial joint line pain and effusion of the bilateral knees. The physician noted that the injured worker had benefited from previous visco-supplement injections. A request for authorization of Orthovisc injections to the right knee over 3 weeks x 3 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections to the right knee over 3 weeks x 3: 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 and leg chapter.

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

**Decision rationale:** Regarding the request for Orthovisc injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including exercise, medication, and aspiration and injection of intra-articular steroids. Additionally, there is no documentation indicating analgesic efficacy or objective functional improvement from the previous hyaluronic acid injections. In the absence of such documentation, the currently requested Orthovisc injections are not medically necessary.