

<b>Case Number:</b>	CM15-0121583		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Massachusetts

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:

This 57 year old man sustained an industrial injury on 3/29/2010. The mechanism of injury is not detailed. Diagnoses include right knee arthritis. Treatment has included oral medications and right knee injection. Physician notes dated 5/6/2015 show complaints of right knee pain. Recommendations include hyaluronic injections to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injection of The Right Knee x3 (1 Injection per Week for 3 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 (ODG).

**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 (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work-related injury in March 2010 and continues to be treated for right knee pain. When seen, there was slight patellofemoral crepitus. A cortisone injection was performed in February 2015 and Orthovisc injections have been done previously with unknown response. There is a diagnosis of moderate to severe osteoarthritis,

but no imaging results are documented. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, there is no documentation of the claimant's response to the previous series of injections and severe osteoarthritis is not confirmed by imaging. The request for a repeat series is not medically necessary.