

<b>Case Number:</b>	CM15-0174974		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46 year old male who sustained an industrial injury on 02-14-2011. According to a progress report dated 05-26-2015, the injured worker was seen for follow up of his left and right knee. The provider noted that the injured worker underwent arthroscopy and medial meniscectomy of the right knee on 09-05-2012. He had medial and patellofemoral arthritis. His subsequent treatment included Mobic, Ultram, and Orthovisc injections, which were most recently completed on 04-15-2015. He reported "very good relief" with the Orthovisc. He had less standing and walking intolerance. He felt better at the end of the day and motion was "improved". Motion of the right knee was 0 to 140 "which is a significant improvement". He still had some medial joint line tenderness and some patellofemoral crepitus. The treatment plan regarding the right knee included continuation of Mobic. "He can repeat hyaluronate injections at six or more month intervals, as long as he responds". Arthroscopy of the left knee was recommended. On 07-08-2015, the injured worker underwent left knee arthroscopy with partial lateral meniscectomy. According to a progress report dated 07-15-2015, the injured worker was found to have grade III arthritis (intraoperatively) affecting the medial femur, grade 2 plus arthritis affecting the lateral trochlear trough and grade II arthritis affecting the undersurface patella. He used Mobic for pain. Outpatient physical therapy had been initiated. Physical examination of the right knee was not documented. Physical examination of the left knee demonstrated benign incision sites and a moderate amount of swelling and bruising in the left knee. His motion was "a little bit limited" from about 0 through just about 90 degrees. His calf was soft, supple and non-tender. He ambulated with an antalgic gait favoring the left side.

Assessment included one-week status post left knee arthroscopy, partial lateral meniscectomy, synovectomy and established arthritis affecting the medial femur, lateral trochlear trough and undersurface patella. The treatment plan included continuation of physical therapy and a course of intraarticularly Orthovisc to begin at four weeks postop. He remained temporarily totally disabled. An authorization request dated 07-24-2015 was submitted for review. The requested services included Orthovisc left knee injection, aspiration and Lidocaine x 4. Another authorization request dated 07-24-2015 was submitted for review. The requested services Orthovisc knee injections, aspiration and Lidocaine 4 each. According to a progress report dated 08-11-2015, the provider noted that Orthovisc injection to the left knee would be initiated following authorization. On 08-21-2015, Utilization Review modified the request for Orthovisc knee injection bilateral #4 each, aspiration #4 each and Lidocaine #4 each.

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

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

#### **Orthovisc Knee Injections, Bilateral # 4 each: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Decision rationale:** Orthovisc Knee Injections, bilateral # 4 each is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months may be eligible for hyaluronic acid injections. The ODG states that if documented significant improvement in symptoms for 6 months or more after hyaluronic acid injection, and symptoms recur it may be reasonable to do another series. The documentation does not reveal evidence that there has been a significant improvement in symptoms for at least 6 months from prior injections. Additionally, the recent documentation indicates that the patient is still undergoing physical therapy and the outcome of this therapy is not known at this point. At this point, the request for orthovisc knee injections is not medically necessary.

#### **Aspiration # 4 each: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Decision rationale:** Aspiration # 4 each is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months may be eligible for hyaluronic acid injections. The ODG states that if documented significant improvement in symptoms for 6 months or more after hyaluronic acid injection, and symptoms recur it may be reasonable to do another series. The documentation does not reveal evidence that there has been a significant improvement in symptoms for at least 6 months from prior injections. Additionally, the recent documentation indicates that the patient is still undergoing physical therapy and the outcome of this therapy is not known at this point. At this point, the request for orthovisc knee injections and therefore the request for both aspiration and Lidocaine is not medically necessary.

**Lidocaine # 4 Each:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Decision rationale:** Lidocaine # 4 each is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months may be eligible for hyaluronic acid injections. The ODG states that if documented significant improvement in symptoms for 6 months or more after hyaluronic acid injection, and symptoms recur it may be reasonable to do another series. The documentation does not reveal evidence that there has been a significant improvement in symptoms for at least 6 months from prior injections. Additionally, the recent documentation indicates that the patient is still undergoing physical therapy and the outcome of this therapy is not known at this point. At this point, the request for orthovisc knee injections and therefore the request for both aspiration and Lidocaine as part of the orthovisc injections is not medically necessary.