

<b>Case Number:</b>	CM15-0175632		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	10/19/2015	<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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 49 year old male who sustained an industrial injury on November 9, 2010. Medical records indicate that the injured worker is undergoing treatment for left knee patellofemoral chondromalacia with chondral defect, patellar tendinitis, cervical strain, cervical degenerative changes, cervical spinal stenosis, and lumbar spine degenerative disc disease and disc herniation, tardy ulnar nerve palsy of the bilateral elbows, post-traumatic stress disorder, and depression. The injured worker is not currently working. Current documentation dated August 10, 2015 notes that the injured worker reported left knee pain, particularly with going up and down stairs. Examination of the left knee revealed pain with patellar grind and pain with palpation on the patellar tendon insertion of the patella. There was significant deconditioning noted. Treatment and evaluation to date has included medications, radiological studies, MRI of the left knee (2014), electrodiagnostic studies (2012), patellar tendon strap, physical therapy, cortisone ion injection, home exercise program, functional restoration program, and left knee arthroscopy. MRI of the left knee showed chondromalacia patella and extensor mechanism stress change-tendinopathy. Current medications include Norco, Norflex, and Nexium. Current requested treatments include Orthovisc injections times three to the left knee. The Utilization Review documentation dated August 21, 2015 non-certified the request for Orthovisc injections times three to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Orthovisc Injection to Left Knee # 3: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic), Hyaluronic acid injections ODG Knee & Leg (Acute & Chronic), Orthovisc (hyaluronan).

**Decision rationale:** The CA MTUS guidelines are silent concerning the use of viscosupplements (Orthovisc); however, the ODG recommends Orthovisc as a possible option for severe osteoarthritis (OA) in injured workers who have not responded adequately to recommended conservative treatments (e.g. exercise, NSAIDs or acetaminophen) after three months, and to potentially delay total knee replacement. Severe osteoarthritis must be documented with pain that interferes with activities of daily living and has failed intra-articular steroids. Furthermore, viscosupplementation is not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, and patellofemoral syndrome. AHRQ Comparative Effectiveness Research reported that in osteoarthritis of the knee, any clinical improvement attributable to viscosupplementation was likely small and not clinically relevant. According to recent treating physicians progress reports for this injured worker, severe OA is not documented, and his diagnosis of chondromalacia patella is not recommended for Orthovisc injections. Therefore, the request for Orthovisc injections times three to the left knee is not medically necessary and appropriate.