

<b>Case Number:</b>	CM15-0178471		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old female who sustained an industrial injury on 10-23-12. The injured worker reported left knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in left knee and unilateral post-traumatic osteoarthritis left knee. Medical records dated 8-27-15 indicated the injured worker "reported pain severity is moderated to severe." Provider documentation dated 8-27-15 noted the work status as temporary totally disabled. Treatment has included left knee radiographic studies and injection therapy. Objective findings dated 8-27-15 were notable for left knee with tenderness to the medial and lateral joint line, medial and lateral femoral condyle. The original utilization review (9-2-15) denied a request for left knee orthovisc injection to be done in office times 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee orthovisc injection to be done in office x3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for Left knee orthovisc injection to be done in office x3, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is documentation of failure of conservative treatment but not steroid injections. Additionally, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of objective analgesic efficacy or objective functional improvement. As such, the currently requested Left knee orthovisc injection to be done in office x3 are not medically necessary.