

<b>Case Number:</b>	CM15-0062635		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Anesthesiology, 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 52 year old female sustained an industrial injury to bilateral knees on 4/17/12. Previous treatment included magnetic resonance imaging, bilateral knee injections, home exercise and medications. In the most recent PR-2 submitted for review, dated 1/9/15, the injured worker complained of intermittent left knee pain, rated 3-4/10 on the visual analog scale with cracking in the knee and right knee pain 4-5/10. The injured worker was unable to bend the right knee. Current diagnoses included bilateral knee degenerative joint disease. The treatment plan included right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injection for the Right Knee (3 times): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Hyaluronic Acid or Hylan.

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

**Decision rationale:** According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen after 3 months. Other criteria include, age over 50 years, pain that interferes with functional activities (ambulation, prolonged standing) and not attributed to other forms of joint disease, failure to respond to aspiration and injection of intra-articular steroids, are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. According to the documents available for review, the injured worker is awaiting total knee arthroplasty. The criteria above indicate that IW should not be candidates for joint replacement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.