

<b>Case Number:</b>	CM15-0077799		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/02/2000
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female who sustained an industrial injury on September 2, 2000. She has reported right greater than left knee pain and has been diagnosed with right knee medial degenerative joint disease, left calcific abductor tendinitis, left calf/quads weakness status post total knee replacement, right knee med meniscal tears, and esthesopathy of knee unspecified. Treatment has included surgery, medications, a home exercise program, and physical therapy. Currently the injured worker complains of right greater than left knee pain. The treatment request included an orthovisc injection of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Peer to peer orthovisc injection ultrasound guided, right knee, 1 time per week for 4 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) Knee & Leg (online version) - Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The patient had recent right knee synovectomy, meniscectomy and chondroplasty on 2/12/15. Follow-up x-rays indicated moderate DJD on contralateral side. Exam showed functional progressive active and passive range with 4+5- strength. Synvisc injections may be an option for treatment of OA to delay TKA; however, the patient continues to treat post-operatively with PT, medications, DME and other treatment modalities without failure demonstrated within the rehab period. Submitted reports have not demonstrated clear supportive findings for the injection request. The Peer to peer orthovisc injection ultrasound guided, right knee, 1 time per week for 4 weeks is not medically necessary and appropriate.