

<b>Case Number:</b>	CM15-0091848		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Preventive Medicine, Occupational 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 78 year old female with an industrial injury dated 10/16/2011. The mechanism of injury is documented as a fall injuring both knees. Her diagnosis was bilateral knees with degenerative changes. Prior treatment included arthroscopic debridement of both knees, Orthovisc injections, physical therapy, orthopedic surgeon, diagnostics (MRI), physical therapy and cortisone injection. Surgical treatment on 06/27/2012 shows she had arthroscopy of the left knee with partial medial and partial lateral meniscectomy. She had the same procedure on the right knee in 01/01/2012. Progress note dated 04/16/2015 indicates the injured worker presented for follow up of bilateral knees. The provider documents the injured worker underwent a series of Orthovisc injections about 2 years prior with "significant improvement" with the injections. The injured worker did not want to undergo knee replacement surgery at the time of the visit. She described her pain as 8/10. Physical exam of bilateral knees noted no obvious swelling or erythema. Patellofemoral joint range of motion had full extension but flexion was limited. There was crepitus with range of motion. Neurovascular exam was intact. The provider documented x-rays done at time of visit showed evidence of complete loss of joint space. MRI of the right knee dated 10/03/2012 showed post-operative changes consistent with an arthroscopic partial medial and partial lateral meniscectomy. There was a residual or recurrent horizontal tear in the posterior horn, osteoarthritis, ganglion cyst and small right knee joint effusion. The requested treatment is for Orthovisc injection to left and right knees times 3. The provider notes "since she did respond well to Orthovisc in the past, I think she would benefit from a series of these injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Orthovisc Injection To Left And Right Knees X 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities 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 Chapter/Hyaluronic Acid Injections Section.

**Decision rationale:** The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections is beneficial for osteoarthritis is inconsistent. The injured worker had orthovisc injections two years ago with positive results. Her knee pain is consistent with osteoarthritis. The request for orthovisc Injection To left and right knees X 3 is considered medically necessary.