

<b>Case Number:</b>	CM15-0095670		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 51-year-old male who sustained an industrial injury on 09/24/12. Initial complaints and diagnoses are not available. Treatments to date include right wrist and elbow surgeries, right third phalanx surgery, bilateral shoulder injections, and bilateral knee Orthovisc injections, 2 injections to each knee, as well as chiropractic treatments, acupuncture, and ice. Diagnostic studies include MRIs of the lumbar, thoracic, and c cervical spines, bilateral knees, and shoulders, an x-rays of the right elbow and shoulder. Current complaints include pain in the bilateral upper extremities, bilateral knees, and all body joints. Current diagnoses include bilateral shoulder impingement/bursitis, right elbow severe degenerative joint disease, bilateral lateral epicondylitis, bilateral knee osteoarthritis, and bilateral knee chondromalacia. In a progress note dated 04/10/15, the treating provider reports the plan of care as medications including Prilosec, Norco, and topical pain cream, as well as 2 additional Orthovisc injections. The requested treatments include 2 Orthovisc injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection x 2:** 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 (Acute & Chronic) 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:** Review indicates the patient was in the process of an Orthovisc series completing 2 of 3 injections on 4/10/15 for diagnoses of knee arthritis/ chondromalacia. There is no documented functional benefit from previous injections recently rendered. There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the patella. 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). Submitted reports have not demonstrated clear supportive findings for repeating the injections. The Orthovisc injection x 2 is not medically necessary and appropriate.