

<b>Case Number:</b>	CM15-0095702		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	10/17/1998
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/29/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a female, who sustained an industrial injury, October 17, 1998. The injured worker previously received the following treatments Norco, Naproxen, right knee injection, left knee injection, Tramadol and physical therapy. The injured worker was diagnosed with osteoarthritis degenerative joint disease of the knee, joint leg pain and morbid Obesity. According to progress note of April 14, 2015, the injured workers chief complaint was bilateral knee pain. The injured worker received bilateral knee Orthovisc injections with good improvement. The injured worker was able to swim for an hour in the pool. The physical exam of the bilateral knees noted the symptoms were relieved by the injections. The injections in the past have lasted about 4 months. The treatment plan included Orthovisc injections right knee and Orthovisc injections of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections to the right knee (series of 3), QTY: 1: 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, Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer 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.

**Decision rationale:** Orthovisc injections to the right knee (series of 3), QTY: 1 is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that the criteria for hyaluronic acid injections include that patients experience documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. The patient should have a failure to adequately respond to aspiration and injection of intra-articular steroids. For repeat injections if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. The documentation does not reveal evidence of objective weight bearing radiographs of the knee or physical exam findings of severe symptomatic osteoarthritis of the knees as recommended by the ODG. Additionally, the patient last received hyaluronic acid injections in October of 2014 but required subsequent cortisone injections in the knee in October of 2014 (and again in April of 2014) which suggests that the hyaluronic acid injections did not cause a significant improvement in symptoms for 6 months and also hyaluronic acid injections are only indicated if the patients do not respond to intra articular steroids. There is no clear objective increase in function from prior hyaluronic acid injection. All of these reasons suggest that additional orthovisc injections are not medically necessary.

**Orthovisc injections to the left knee (series of 3), QTY: 1: 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, Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer 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.

**Decision rationale:** Orthovisc injections to the left knee (series of 3), QTY: 1 is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that the criteria for hyaluronic acid injections include that patients experience documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. The patient should have a failure to adequately respond to aspiration and injection of intra-articular steroids. For repeat injections if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. The documentation does not reveal evidence of objective weight bearing radiographs of the knee or physical exam findings of severe symptomatic osteoarthritis of the knees as recommended by the ODG. Additionally, the patient last received hyaluronic acid injections in October of 2014 but required

subsequent cortisone injections in the knee in October of 2014 (and again in April of 2014) which suggests that the hyaluronic acid injections did not cause a significant improvement in symptoms for 6 months and also hyaluronic acid injections are only indicated if the patients do not respond to intra articular steroids. There is no clear objective increase in function from prior hyaluronic acid injection. All of these reasons suggest that additional orthovisc injections are not medically necessary.