

<b>Case Number:</b>	CM15-0098899		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 72 year old male, who sustained an industrial injury on 07/15/2005. He has reported subsequent right shoulder, elbow and bilateral knee pain and was diagnosed with right shoulder tendinosis, right shoulder bursitis and impingement, right elbow medial epicondylitis, right elbow extensor tendon origin tendinosis, left knee medial and lateral meniscus tear, right knee lateral meniscus tear and bilateral knee degenerative joint disease. Treatment to date has included oral pain medication, application of ice, a home exercise program, chiropractic physiotherapy and Orthovisc injections. In a progress note dated 04/23/2015, the injured worker complained of right shoulder, elbow, bilateral knee and bilateral foot and ankle pain. Objective findings were notable for mildly antalgic gait, tenderness to palpation over the AC joint of the right shoulder, positive Neer's, Hawkin's and Obrien's tests, swelling over the olecranon of the right elbow, moderate tenderness to palpation over the medial epicondyle and olecranon and tenderness to palpation over the medial joint line and patella of the right knee. The physician noted that a previous Orthovisc injection was received in September 2014 and had decreased the injured worker's pain by greater than 50% and increased functional capacity. A request for authorization of Orthovisc injection x 3 series for the right knee and a follow up visit for the right knee was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Orthovisc injection x 3 series for the right knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, Hyaluronic acid injections.

**Decision rationale:** The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, and upon review of the provided notes, there was evidence to show there was ongoing benefit from the prior Orthovisc injection in September, 2014, which was more than 6 months duration, suggesting another round of Orthovisc injections for the right knee are reasonable and medically necessary, in the opinion of this reviewer.

### **Follow-up visit for the right knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg section, Office visits.

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, a follow-up with the orthopedic physician would be appropriate and reasonable, as it would be required in order to receive the Orthovisc injections as was deemed medically necessary by this reviewer. Therefore, the request for a follow-up visit for the right knee will be considered medically necessary.