

<b>Case Number:</b>	CM13-0047981		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Painmanagement, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 41-year-old male with a date of injury of 02/15/2012. This patient presents with low back and right knee pain. The treating physician's report on 12/11/2013 states that the patient was there for third and final Orthovisc injection for his right knee pain and has not felt any improvement with 2 injections. Listed diagnoses are lumbago, right knee pain, status post right knee medial meniscectomy. Under treatment plan, it states that the patient received his third and final Orthovisc injection under ultrasound guidance. The request for Orthovisc injection to the right knee was denied by Utilization Review letter dated 10/23/2013 and the rationale was that the patient did not meet the ODG Guidelines criteria for this injection given the lack of documentation of severe osteoarthritis.

### 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 under ultrasound:** Upheld

**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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic right knee pain with history of prior meniscectomy. The treating physician has provided a series of 3 Orthovisc injections on the right knee under ultrasound guidance. This procedure was denied by Utilization Review citing lack of documentation of osteoarthritis. MTUS Guidelines and ACOEM Guidelines are silent regarding this type of injection for knee condition. However, ODG Guidelines states that hyaluronic acid injection into the knee joints are recommended as a "possible option for severe osteoarthritis" for patients who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs, acetaminophen, to potentially delay total knee replacement. In this patient, the treating physician does not provide any x-rays/MRI evidence of "severe osteoarthritis". This patient has had operative intervention for meniscectomy, but there is no documentation that there were significant osteoarthritis. The request for orthovisc injections to the right knee under ultrasound is not medically necessary or appropriate.