

<b>Case Number:</b>	CM13-0065893		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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:

The patient is a 29 year old male who was injured on 10/26/2011. The mechanism of injury is unknown. Prior treatment history has included Tylenol PM, and physical therapy. The patient underwent a right knee arthroscopy on 04/05/2012 and 12/13/2012. Diagnostic studies reviewed include X-rays of the right knee, 4 views, performed on 09/16/2013 show hardware in place with minimal medial joint space narrowing and no osteophytic changes. X-rays of the right knee, 3 views, on 02/14/2013 shows hardware in good position, and no significant OA. On re-evaluation note dated 11/05/2013, the patient presents with complaints of right knee pain and is still having the instability, to hyperextension with slow improvement noted. His weight is decreased to 256 pounds. He is still using a brace daily. On examination of the right knee, there is moderate atrophy, mild PLC laxity, and a stable patella. Diagnoses are left leg joint pain, ankle/foot arthralgia, sprain of the knee and leg, and sprain of the ankle, NOS. The impression notes the patient states that he continues with pain. He was doing deep squats at physical therapy, which aggravated the knee. He is using a knee brace but states that the brace does not keep his knee stable. His knee continues to give out. The patient continues to improve with physical therapy and he has 8 sessions remaining. An authorization is requested for ultrasound guided Orthovisc series of the right knee. The patient is instructed to finish physical therapy and HEP. If OV is not authorized, the patient will receive MMI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDED ORTHOVISC INJECTION SERIES TIMES THREE TO THE RIGHT KNEE: Upheld**

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

**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, Hyaluronic Acid Injections.

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Hyaluronic injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The medical records document the patient was diagnosed with left leg joint pain, ankle/foot arthralgia, sprain of the knee and leg, and sprain of the ankle, NOS. In the absence of documented OA by radiography images and absence of documented signs and symptoms of severe OA, the request is not medically necessary according to the guidelines.