

<b>Case Number:</b>	CM14-0015884		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Orthopedic Surgery 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 claimant was injured in a work related accident on May 23, 2006. Clinical records indicate injury to the bilateral knees. Recent clinical assessment of January 6, 2014 indicates ongoing bilateral knee and low back complaints. Specific to the bilateral knees, there is documentation of no specific physical examination findings. There is a diagnosis of bilateral knee degenerative arthrosis for which a series of bilateral viscosupplementation is being recommended. Also, in regards to underlying diagnosis of AC joint arthritis and upper extremity strain, there is recommendation for a home exercise program, a gym membership and continued use of Voltaren gel, ibuprofen, omeprazole and Tramadol. Previous clinical examination of December 6th also fails to demonstrate specific findings to the claimant's bilateral knees. There is documentation of no formal imaging in regards to the knees. Given the claimant's diagnosis of bilateral degenerative arthrosis, viscosupplementation injections are being recommended as stated. Further degrees of clinical care have included physical therapy. There is no indication of previous injection therapy documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOVISC INJECTION SERIES, RIGHT KNEE, QTY: 3: 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 and Leg - 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, Knee Procedure - Hyaluronic acid injections.

**Decision rationale:** CA MTUS Guidelines are silent. Based on Official Disability Guideline criteria, a series of viscosupplementation injections to the claimant's bilateral knees would not be indicated. The clinical records in this case fail to demonstrate imaging significant for degenerative findings to support the role of viscosupplementation. There is also a lack of documentation of prior injection therapy from previous records for review that would support the acute need of visco injectables. Guidelines typically recommend aspiration and injection of corticosteroid prior to proceeding with viscosupplementation injections. Absent the above, the specific request for the proposed procedure would not be supported. Therefore, the request for Orthovisc Injection series, Right Knee, Qty 3 is not medically necessary and appropriate.

**ORTHOVISC INJECTION SERIES, LEFT KNEE, QTY: 3:** 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 and Leg - 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, Knee Procedure - Hyaluronic acid injections.

**Decision rationale:** CA MTUS Guidelines are silent. Based on Official Disability Guideline criteria, a series of viscosupplementation injections to the claimant's bilateral knees would not be indicated. The clinical records in this case fail to demonstrate imaging significant for degenerative findings to support the role of viscosupplementation. There is also a lack of documentation of prior injection therapy from previous records for review that would support the acute need of visco injectables. Guidelines typically recommend aspiration and injection of corticosteroid prior to proceeding with viscosupplementation injections. Absent the above, the specific request for the proposed procedure would not be supported. Therefore, the request for Orthovisc Injection series, Left Knee, Qty 3 is not medically necessary and appropriate.

**ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT, RIGHT KNEE, QTY: 3:**  
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 and Leg - 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, Knee Procedure - Hyaluronic acid injections.

**Decision rationale:** CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, it is typically stated that the injectables are performed without the use of fluoroscopic or ultrasound guidance. The lack of necessity for the injections themselves would fail to necessitate the role of ultrasound guidance. Therefore, the request for Ultrasonic Guidance for Needle Placement, Right Knee, Qty 3 is not medically necessary and appropriate.

**ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT, LEFT KNEE, QTY: 3:**  
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 and Leg - 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, Knee Procedure - Hyaluronic acid injections.

**Decision rationale:** CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, it is typically stated that the injectables are performed without the use of fluoroscopic or ultrasound guidance. The lack of necessity for the injections themselves would fail to necessitate the role of ultrasound guidance. Therefore, the request for Ultrasonic Guidance for Needle Placement, Left Knee, Qty 3 is not medically necessary and appropriate.

**PHYSICAL THERAPY 2-3 TIMES WEEKLY, BILATERAL KNEES, NECK AND BACK QTY: 18.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medical Guidelines, Knee and Leg, Neck & Upper Back and Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** CA MTUS Guidelines would also fail to necessitate the continued use of physical therapy for the bilateral knees, neck and low back. The specific request in this case is for a total of eighteen sessions of physical therapy. Guidelines in the chronic setting of an acute symptomatic flare would recommend up to nine sessions for a diagnosis of myalgias or myositis. The specific request for eighteen sessions of therapy in this instance would exceed MTUS Guidelines. Therefore, the request for 18 sessions of physical therapy 2-3 times weekly, bilateral knees, neck and back is not medically necessary and appropriate.