

<b>Case Number:</b>	CM14-0017426		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 01/08/2008 after a trip and near fall that reportedly caused an injury to the right knee. The injured worker was evaluated on 01/24/2014. It was documented that the injured worker had ongoing bilateral knee complaints. Physical evaluation revealed tenderness to palpation of the right knee and medial joint line tenderness without evidence of instability. It was noted that radiographs identified medial joint arthrosis with minor changes and calcification within the medial meniscus. The injured worker's treatment plan included right knee ultrasound-guided orthovisc injections times 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDED ORTHOVISC INJECTIONS 1 TIME PER WEEK FOR 4 WEEKS:** 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 & LEG (UPDATED 01/20/14) 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 AND LEG CHAPTER, HYALURONIC ACID INJECTIONS.

**Decision rationale:** The requested ultrasound-guided orthovisc injections 1 per week for 4 weeks are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend hyaluronic acid injections for injured workers who have physical evidence supported by an imaging study of severe osteoarthritis that has failed other conservative measures. The clinical documentation submitted for review does not provide any evidence of severe physical limitations related to osteoarthritic changes. Additionally, the x-ray provided only minor deficits. Also, there is no documentation of any recent conservative treatment for this patient. As such, the requested ultrasound-guided orthovisc injections 1 time per week for 4 weeks are not medically necessary or appropriate.