

<b>Case Number:</b>	CM14-0123590		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Nevada. 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 records, presented for review, indicate that this 76-year-old gentleman was reportedly injured on December 1, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of left knee pain. Current medications include hydrocodone/acetaminophen, losartan, amlodipine, metformin, and atorvastatin. The physical examination demonstrated a mild valgus deformity of the left knee and an antalgic gait. Range of motion of the left knee was from 3 to 120. There was tenderness at the lateral joint line. Diagnostic imaging studies are not supplied. Previous treatment included oral medications and Orthovisc injections. A request had been made for Orthovisc injections for the left knee and was not certified in the pre-authorization process on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections to the left knee, under ultrasound guidance, #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & 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 (ODG), Knee and Leg, Hyaluronic Acid Injections, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for hyaluronic acid injections includes documentation of severe osteoarthritis of the knee and greater than six months pain relief from a previous injection if repeat injections are considered. There is no documentation of either of these criteria in the attached medical record. Considering this, the request for Orthovisc injections to the left knee under ultrasound guidance is not medically necessary.