

<b>Case Number:</b>	CM14-0025140		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, Pain Medicine and is licensed to practice in Texas. 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 53 year old male whose date of injury is 06/23/2010. The mechanism of injury is not described, but the injured worker is noted to have some increased pain in the left knee. Severity of pain is activity dependent. There is mention in the history of intermittent swelling. Left knee examination on 01/16/2014 reported varus/valgus as well as ligament examination within normal limits. Equivocal McMurray exam was noted. There was some mild effusion. Mild restriction in range of motion as well as mild atrophy in musculature was noted. There was some tenderness along the joint line both medially and laterally with crepitation. Diagnosis was left knee osteoarthritis. The injured worker was recommended for an intraarticular injection of corticosteroids under ultrasound guidance. He was noted to have had excellent luck from viscosupplementation in the past, and is now a candidate for hyaluronic acid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ULTRASOUND GUIDED ORTHOVISC INJECTIONS TIMES 3 FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines (ODG), the use of hyaluronic acid injections 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. Repeat injections may be considered if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. In this case, there is no objective evidence of severe osteoarthritis on diagnostic/imaging studies provided. There is no comprehensive history of conservative treatment to date including physical therapy, NSAIDs, or other conservative measures. The injured worker reportedly has benefitted from previous viscosupplementation; however, the dates of previous injections were not documented and there was no evidence of the extent and duration of relief as demonstrated by significant functional improvement with increased activity levels and/or reduction in medications. Given the current clinical data, the request for a series of 3 Orthovisc injections to the left knee with ultrasound guidance is not medically necessary and appropriate.