

<b>Case Number:</b>	CM14-0047786		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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:

This 45 year old patient had a date of injury on 2/9/2012. The mechanism of injury was not noted. In a progress note dated 3/3/2014, the patient reports pain when kneeling down and stiffness mostly in the morning. Pain worsens with prolonged walking, and intermittent sharp medial pain shoots down the leg. On a physical exam dated 3/3/2014, there is a 2+ medial joint space narrowing on weight bearing view, and mild patellar tilt on right. Diagnostic impression shows instability of knee, knee joint crepitus, knee arthralgia, and sprain of knee/leg NOS. The patient is status post right knee surgery. Treatment to date: medication therapy, behavioral modification, physical therapy, and surgery. A Utilization Review decision dated 3/5/2014 denied the request for Orthovisc injection X3 to right knee with ultrasound guidance, stating that there was no indication this claimant has not responded adequately to standard non pharmacologic and pharmacologic treatments including documentation of corticosteroid injections, and there was no indication the claimant was not a candidate for total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injection X3 to Right Knee with Ultrasound Guidance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee chapter.

**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 Article 'Clinical utility of ultrasound guidance for intra-articular knee injections: a review'.

**Decision rationale:** CA MTUS does not address this issue. Official Disability Guideline indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. Literature reviews suggest that ultrasound guidance notably improves injection accuracy in the target intra-articular joint space of large joints including the knee. The enhanced injection accuracy achieved with ultrasound needle guidance directly improves patient-reported clinical outcomes and cost-effectiveness. This is a 45 year old male with degenerative changes found on plain film radiographs, MRI of the knee, and weight bearing films. He does have a diagnosis of osteoarthritis, and has narrowing of the joint space on weight-bearing views. In addition, he has had conservative treatment, including physical therapy, as well as invasive arthroscopic surgery for a meniscectomy. He continues to have pain with weight bearing and has crepitus on exam despite medication management and physical therapy. Due to the fact he is only 45 years old, viscosupplementation is supported by guidelines to aid the patient in avoiding a knee replacement surgery. Therefore, the request for Orthovisc Injection to the right knee with ultrasound guidance x3 is medically necessary.