

<b>Case Number:</b>	CM14-0073882		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 68-year-old gentleman was reportedly injured on March 1, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated medial and lateral joint line tenderness and crepitus with range of motion. There was an equivocal McMurray's test. Also noted were mild muscular atrophy, a mild left knee effusion, and mild restriction with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy, physical therapy, cortisone injections, a previous Orthovisc injection, and anti-inflammatory medications. A request had been made for an ultrasound guided Orthovisc injection which was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Left knee ultrasound guided Orthovisc injection, 1 injection per week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguide.org/knee;table2>.

**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, Ultrasound, Diagnostic, Updated August 25, 2014.

**Decision rationale:** While the injured employee is stated to have left knee osteoarthritis which may benefit from Orthovisc injections, it is unclear why ultrasound guidance is needed for these injections. According to the Official Disability Guidelines (ODG), conventional anatomical guidance by an experienced clinician is generally adequate and ultrasound guidance is not needed. Considering this, the request for three left knee ultrasound guided Orthovisc injections with one injection per week for three weeks is not medically necessary.