

<b>Case Number:</b>	CM14-0127388		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/14/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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, has a subspecialty in Pain Management 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 is a patient with a date of injury of February 14, 2010. A utilization review determination dated July 21, 2014 recommends noncertification for right knee Orthovisc injection X3 with ultrasound guidance. Noncertification was recommended due to isolated degenerative changes at the patellofemoral joint. A progress note dated June 2, 2014 identifies subjective complaints of low back pain and increased right knee pain with swelling. The patient notes that she has had dramatic relief with physical therapy with greater than 50% relief of her knee pain following physical therapy. The patient's functionality is also improving. She gets benefit from oral pain medication as well as anti-inflammatories. Objective examination findings identify right knee with moderate tenderness to palpation at the medial and lateral joint lines and medial and lateral patellofemoral joints. Flexion is 95 with extension to 0. Diagnoses include right knee internal derangement and right knee sprain/strain. The treatment plan recommends additional physical therapy for the knee to improve function. Additionally, an epidural steroid injection is being requested. Ice and anti-inflammatories are recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee orthovisc injection series with ultrasound guidance:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for Right knee orthovisc injection series with ultrasound guidance, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Guidelines state that injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no indication that the patient failed conservative treatment. In fact, it appears the patient has recently been responding very well to physical therapy. Additionally, it is unclear whether the patient has osteoarthritis in the medial and lateral joints. Guidelines do not recommend hyaluronic acid injections for the treatment of patellofemoral arthritis. Finally, it is unclear whether the patient has undergone steroid injections or previous hyaluronic acid injections, and what the response to those injections might have been. Additionally, guidelines do not generally support the use of ultrasound for hyaluronic acid knee injections, and there is no statement indicating why ultrasound would be required in this particular case. In the absence of clarity regarding those issues, the currently requested Right knee orthovisc injection series with ultrasound guidance is not medically necessary.