

<b>Case Number:</b>	CM14-0132831		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/27/2002
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 injured worker is a 61-year-old male who was reportedly injured on 2/27/2002. No progress notes were submitted for review. Utilization review, dated 8/4/2014, was utilized. It mentioned the treating providers note, dated 6/26/2014, which revealed that there were ongoing complaints of left knee pain. The physical examination mentioned the left knee had positive patellofemoral crepitus and equivocal McMurray's test, mild effusion, mild restricted range of motion, and tenderness along the medial/lateral joint lines. Diagnostic imaging studies mentioned updated radiographs of bilateral knees, which showed joint arthritis, collapse of the medial joint space, and osteophytes. Official radiological report was unavailable for review. Previous treatment included left knee arthroscopy, injections, medications, and conservative treatment. A request was made for ultrasound guided injection of the left knee and was not certified in the pre-authorization process on 8/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ultrasound Guided Orthovisc Injection Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic) Hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine practice guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records mentions plain radiographs and a diagnosis of knee osteoarthritis; however, there is no documentation of the treatment with medications other than opioids. The guidelines do not support Synvisc injections, nor does it support the need for ultrasound guidance. Therefore, this request of Ultrasound Guided Orthovisc Injection Left Knee is not medically necessary and appropriate.