

<b>Case Number:</b>	CM14-0182312		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 is a patient with a date of injury of October 25, 2013. A utilization review determination dated October 1, 2014 recommends noncertification of an ultrasound guided Orthovisc injection for the right knee. A new patient consultation dated February 5, 2014 identifies subjective complaints of right knee pain. Patient has been on modified duty. He has previously undergone an anterior cruciate ligament reconstruction in 1994. The patient has undergone physical therapy and medication for this injury. He has not had any injection and has had an MRI which shows advance to degenerative findings. Physical examination reveals intolerance of knee flexion, effusion, antalgic gait, positive Lachman's and Drawer tests as well as tenderness to palpation in the medial and lateral compartments. Diagnosis is not listed. The treatment plan recommends an intra-articular injection and consideration for arthroplasty. A Kenalog injection was provided. A progress report dated March 27, 2014 indicates that the patient's symptoms are unchanged. Physical examination reveals tenderness and crepitation with an antalgic gait. An x-ray of the right knee reportedly identifies joint arthritis with collapse of both joint spaces. The diagnosis is right knee loose bodies and meniscal and chondral degeneration. The treatment plan recommends possible arthroscopy and continues modified work. An operative report dated June 4, 2014 indicates that the patient underwent right knee partial medial and lateral meniscectomy with chondroplasty and loose body removal. A progress report dated September 11, 2014 identifies subjective complaints stating that the patient has undergone 12 sessions of physical therapy with additional therapy being noncertified. The patient continues to have significant pain with prolonged standing and walking. A request for Visco supplementation was denied. There are no neurologic complaints. Diagnosis is severe osteoarthritis of the right knee. The treatment plan recommends 12 additional physical therapy sessions. The patient has noted improvement in

strength while attending therapy. Hyaluronic acid injections are recommended one week apart via ultrasound guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultrasound guided orthovisc injections for the right knee 1 x 3: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections

**Decision rationale:** Regarding the request for Orthovisc x 3 with ultrasound, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, it does appear the patient has symptomatic arthritis confirmed by x-ray which has been unresponsive to treatment including physical therapy, surgery, and intra-articular steroid injections. Unfortunately, there is no indication as to why ultrasound guidance would be required for this particular patient despite guideline recommendations that ultrasound is not generally needed. In the absence of such documentation, the currently requested Orthovisc injection x 3 with ultrasound is not medically necessary.