

<b>Case Number:</b>	CM14-0211533		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### 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 patient is a 61 year old female with a date of injury 1/7/13. The diagnoses include status post left knee arthroscopy, left knee posttraumatic arthritis, right knee compensatory pain. The patient is status post left knee arthroscopy, partial medial meniscectomy and abrasion chondroplasty on 4/9/13; status post arthroscopic partial medial meniscectomy, abrasionchondroplasty, synovectomy including extensive medial plica and removal of loose body and medial plica on 5/6/2014. Under consideration is a request for Orthovisc injections with ultrasound guidance. There is a progress note dated 8/13/14 that states that approximately two days ago, she had severe pain which required her to use two canes to ambulate. She could not walk or climb stairs. Currently, her pain is 4/10. Her pain is 6/10 without medications. Her pain increases to 8/10 when climbing down stairs. She is still doing pool therapy, Jacuzzi, and steam room three times a week with benefit. She still has complaints of pain in her right knee compensating for her left knee. On clinical examination, knee range of motion is intact. There is tenderness over the medial joint compartment. There is patellofemoral crepitation. McMurray's examination is negative. Calf compartment is soft and non-tender. The treatment plan was a cortisone injection. The patient is to remain off of work. The documentation indicates that in addition to the above knee surgeries and prior hyaluronic acid injection before the second surgery, the patient has prior treatment of physical therapy, medication management, prior articular knee cortisone injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections 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; Hyaluronic/orthovisc injection

**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, Hyaluronic acid injections

**Decision rationale:** The MTUS does not specifically address Orthovisc injections. The ODG states that in order to be eligible for these injections the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The ODG states that these injections are generally performed without fluoroscopic or ultrasound guidance. The documentation is not clear on why ultrasound guidance is necessary. The request as written does not indicate whether this is for the right knee or left knee or a specific quantity. For these reasons the request for Orthovisc injections with ultrasound guidance is not medically necessary.