

<b>Case Number:</b>	CM14-0154021		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family 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 63 year old male with a 10/14/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/30/14 noted subjective complaints of bilateral knee discomfort left greater than right. Objective findings included non-tender joint lines bilaterally and possible trace effusion bilaterally. Diagnostic Impression: knee degenerative osteoarthritis. Treatment to Date: medication management, physical therapy, cortisone injection A UR decision dated 8/18/14 denied the request for ultrasound guided Orthovisc injection 1 times 3 left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided orthovisc injection, once time a week for three weeks for the left knee, qty: 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, Knee and Leg, Hyaluronic acid injections, Ultrasound, diagnostic

**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 and Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature ('Efficacy of Intra-articular Hyaluronic Acid Injections in Knee Osteoarthritis')

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, there is no clear documentation of significant objective exam findings; specifically there was no significant swelling and there was no joint line tenderness. Additionally, there is no imaging report that confirms the reported diagnosis of osteoarthritis of the knee. Therefore, the request for ultrasound guided Orthovisc injection, one time a week for three weeks for the left knee qty: 3 is not medically necessary.