

<b>Case Number:</b>	CM14-0174920		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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 male patient with a date of injury of February 4, 2012. A utilization review determination dated September 26, 2014 recommends non-certification of Monovisc injection to the left knee and Monovisc injection to the right knee. A progress note dated September 10, 2014 identifies subjective complaints of the patient now having pain in the left knee, the patient is still having some pain and popping in the right knee despite ACL tear repair surgery in February 2012 and an additional surgery to eliminate knee stiffness. The patient's major problem is now his left knee from favoring his right knee. The patient has begun to get pain, swelling, and clicking in his left knee. The physical examination identifies that the right knee has full extension, Lachman and drawer test are negative in the left knee, there is no atrophy of the left knee, there is no effusion, and there is tenderness along the medial and lateral joint lines. An undated x-ray report, noted within the progress note, of the knees shows buttons on the right from the ACL reconstruction and the left shows irregularity and some spurring along the joint. The diagnoses include status post ACL reconstruction of the right knee and degenerative arthritis of the left knee. The treatment plan recommends Monovisc injections and both knees to help with the popping in the right knee and help delay a total knee replacement on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monovisc injection to left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & leg/Hyaluronic acid injections

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

**Decision rationale:** Regarding the request for Monovisc injection to the left knee, 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. Within the documentation available for review, there is no documentation that the patient has failed conservative treatment including physical therapy, medication, and steroid injection. As such, the currently requested Monovisc injection to the left knee is not medically necessary.

**Monovisc injection to right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & leg/Hyaluronic acid injections

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

**Decision rationale:** Regarding the request for Monovisc injection to the right knee, 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. Within the documentation available for review, there is no documentation that the patient has failed conservative treatment including physical therapy, medication, and steroid injection. Furthermore, there is no documentation of an x-ray identifying osteoarthritis in the right knee. As such, the currently requested Monovisc injection to the right knee is not medically necessary.