MAXIMUS Federal Services

Case Number:	CM14-0088612		
Date Assigned:	08/22/2014	Date of Injury:	10/20/2012
Decision Date:	10/07/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 records presented for review indicate that this 45-year-old gentleman was reportedly injured on October 20, 2012. The mechanism of injury is noted as cumulative trauma while working. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of bilateral knees pains. The physical examination demonstrated a varus alignment of both knees with tenderness at the medial joint line. There was a positive left-sided McMurray's test. There was range of motion from 3 to 120 bilaterally with crepitus. Diagnostic imaging studies of the left knee revealed a meniscus tear. An MRI of the right knee revealed severe tricompartmental chondromalacia. Previous treatment has included a left and right knee arthroscopy, physical therapy, Synvisc injections, and oral medications. A request was made for a Monovisc injection for the right knee and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc 4ml 22 mg injection for the right knee: 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 Knee Disorders - Knee Pain and Osteoarthritis: Clinical Measures, Injection Therapy

Decision rationale: The Guidelines support viscosupplementation injections for chronic, moderate-to-severe knee osteoarthritis that has been unresponsive to noninvasive treatments. A review of the medical record indicates that the injured employee has had previous Synvisc injections and did not respond well to them. As such, this request for a Monovisc injection for the right knee is not medically necessary.