

Case Number:	CM14-0193366		
Date Assigned:	12/01/2014	Date of Injury:	11/13/2010
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; earlier left knee arthroscopy, synovectomy, debridement, chondroplasty, and meniscectomy in 2012; subsequent left knee arthroscopy, synovectomy, chondroplasty, loose body removal, and ACL debridement surgery in June 2014; viscosupplementation injections; corticosteroid injections; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for a Monovisc (viscosupplementation) injection. The claims administrator stated that the applicant had had an earlier set of viscosupplementation injections in January 2013 without any alleged relief. The claims administrator stated that its decision was based on several progress notes of October 2014. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant was planning to undergo knee surgery. The applicant was on Benicar, Dexilant, Zantac, Toprol, and Vytorin, it was stated. The applicant's primary complaint was that of knee pain, with ancillary diagnoses including hypertension, reflux, and alleged premature ventricular contractions. In an operative report dated June 20, 2014, the applicant underwent an arthroscopy, extensive debridement, removal of loose bodies, and arthroscopic resection of the synovial plica, medial and lateral meniscectomies, a chondroplasty, and an ACL debridement surgery. Grade II chondromalacia was noted about the patellofemoral and medial compartments, it was acknowledged. Ligamentous degeneration was appreciated. A surgical pathology report of June 20, 2014 was notable for fibrocartilaginous degeneration and an inflamed synovium. In a medical-legal evaluation dated February 4, 2014, the applicant was

given a 40% whole person impairment rating. It was stated that the applicant had retired and would be able to return to his former occupation in any case. On July 1, 2014, the applicant was placed off of work, on total temporary disability. The applicant's sutures were removed following recent knee surgery. Persistent complaints of knee pain with associated difficulty negotiating stairs, swelling, and buckling was noted. Physical therapy and unspecified medications were endorsed. Remainder of the file was surveyed on several occasions. The bulk of the information on file comprised of historical documents of 2012 and 2013. The applicant had received extensive treatment for the neck and low back, including various medications, physical therapy, and epidural steroid injection therapy. An earlier note dated May 27, 2012 is notable for comments that the applicant had received a viscosupplementation injection to the knee on February 28, 2012, was off of work, had ongoing knee complaints, and had knee MRI imaging confirming chondromalacic changes and/or arthritic changes. The progress notes of October 3, 2014, October 6, 2014, October 8, 2014, and October 21, 2014 which the claims administrator based its denial upon were not, however, seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection, left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Knee Chapter, Viscosupplementation Injections section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee and Leg Chapter acknowledge that viscosupplementation (Monovisc) injections are recommended for the treatment of moderate-to-severe knee osteoarthritis which is unsatisfactorily controlled with NSAIDs, Tylenol, weight loss, or exercise strategies. Here, the applicant has radiographically-confirmed knee arthritis. The applicant has had two prior knee surgeries. The applicant has had multiple imaging studies which demonstrated cartilaginous thinning and/or chondromalacic changes suggesting advanced knee arthritis. The applicant does not appear to have had viscosupplementation based on the claims administrator's description of events, the June 20, 2014 knee arthroscopy has not proven successful in attenuating or ameliorating the applicant's complaints of knee pain secondary to knee arthritis. Pursuing viscosupplementation injection therapy is indicated, given the failure of multiple other first, second, and third line options, including knee surgery, physical therapy, medications, etc. The applicant has not had viscosupplementation injections in a span of several years, both the claims administrator and attending provider have acknowledged. Pursuing the Monovisc injection at issue thus, does appear to be an appropriate option, given the seemingly persistent complaints of knee pain secondary to knee arthritis. Therefore, the request is medically necessary.