

Case Number:	CM15-0008994		
Date Assigned:	01/27/2015	Date of Injury:	11/13/2010
Decision Date:	03/30/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker (IW) is a 53 year old male who sustained an industrial injury on 11/13/2010. He has reported pain with stiffness and achiness in the left knee. Diagnoses include cervical discopathy, lumbar discopathy, and status post left knee arthroscopy. Treatments to date include a left knee diagnostic and operative arthroscopy on 06/20/2014, twenty four sessions of physical therapy which were reported as very helpful, and a Synvisc injection in January 2014 with only mitigating effects that lasted one month. He also has had steroid injections with only mild effects. In a progress note dated 12/08/2014 the treating provider reports left knee range of motion is 0-125 degrees, muscle strength is 4/5, there is patellofemoral crepitation, and a positive grind and tenderness is noted along the medial and lateral joints. There is a grade 2-3 chondromalacia of the lateral tibial plateau, grade 2 chondromalacia of the patellofemoral joint and a grade 2 chondromalacia of the medial compartment. The plan is to administer a viscosupplementation injection. On 12/18/2014 Utilization Review non-certified a request for Monovisc injection, 4ml to left knee noting the medical necessity for the request is not evident. The Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Knee and Leg Procedure Summary last updated 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection, 4ml to left 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 - Treatment for Workers' Compensation (ODG-TWC), Knee and Leg Procedure Summary last updated 10/27/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website
<http://www.anikatherapeutics.com/products/orthobiologics/monovisc/> Official disability guidelines Knee Chapter, Hyaluronic acid injections

Decision rationale: The patient presents with pain and weakness in his left knee. The patient is s/p left knee arthroscopy on 06/20/14. The request is for monovisc injection 4ml to the left knee. The patient has had 24 sessions of physical therapy which allowed the patient to perform deep squat without pain. The patient has had Synvisc injections in the past. The most recent injection was in January 2014 which gave the patient only mild effect. Per <http://www.anikatherapeutics.com/products/orthobiologics/monovisc/> Monovisc is the only non-animal sourced hyaluronic acid (HA) single injection treatment approved for use in the United States, and it delivers the highest concentration of HA currently available in a single injection treatment. ODG guidelines, under Knee Chapter, recommends Hyaluronic acid injections, as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, exercise, NSAIDs or acetaminophen, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome patellar knee pain. In this case, none of the reports mention the patient's osteoarthritis. ODG guidelines state that hyaluronic injections are not indicated for any other condition except symptomatic severe osteoarthritis of the knee. Furthermore, prior injection with synvisc only provided mild relief. Therefore, the request is not medically necessary.