MAXIMUS Federal Services

Case Number:	CM15-0136791		
Date Assigned:	07/24/2015	Date of Injury:	06/19/2014
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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, Pain Management

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 is a 35 year old male who sustained an industrial injury on 6/19/14 involving the left knee while moving boxes. He was medically evaluated, saw orthopedic specialist who aspirated the swollen left knee for 50-60 cc of fluid. He had an MRI of the left knee 18/1/14 that revealed a torn meniscus and had surgery on 8/25/14. He currently complains of persistent pain and occasional swelling of the left knee. The physical exam of the left knee was unremarkable. Medications were Relafen, tramadol XR. Diagnosis was medial meniscus tear left knee, status post left knee arthroscopy,micro fracture arthropalsty of the medial femoral condyle and partial meniscectomy(8/25/14). Treatments to date include medications; physical therapy without benefit. Diagnostics include x-rays of the left knee (9/15/14) show no abnormalities; MRI arthrogram of the left knee (3/16/15) showing cartilage defect and irregularity of the weight-bearing portion of the median femoral condyle; MRI of the left knee (8/1/14) showed a bucket handle type tear of the posterior horn of the medial meniscus, small joint effusion. In the progress note dated 4/20/15 and 5/28/15 the treating provider's plan of care indicates a request for Monovisc hyaluronic injection as the injured worker continues with persistent left knee pain and MRI arthrogram shows cartilage defect and irregularity of the weight-bearing portion of the median femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection 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 (ODG), Knee and Leg procedure - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Monovisc injection left knee, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including injection of intra-articular steroids. In the absence of such documentation, the currently requested Monovisc injection left knee are not medically necessary.