

Case Number:	CM15-0164331		
Date Assigned:	09/01/2015	Date of Injury:	08/28/2012
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 51 year old female with an industrial injury dated 08-28-2012. The injured worker's diagnoses include status post left medial and lateral meniscectomy, status post patellar chondroplasty and anterior cruciate ligament (ACL) tear. Treatment consisted of joint supplements, therapy and periodic follow up visits. In a progress note dated 07-09-2015, the injured worker reported complaints of continued left knee pain, aggravated by weight bearing and bending. Objective findings revealed patellofemoral tenderness, medial and lateral joint line tenderness and positive Lachman and pivot shift tests. The treatment plan consisted of continuation of knee program with home exercise therapy, ice and joint supplements as needed, medical equipment and Monovisc injection. The treating physician prescribed services for 1 left knee Monovisc injection, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee Monovisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. In addition, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there was insufficient evidence to show there was moderate to severe osteoarthritis of the left knee via imaging or physical examination to suggest Monovisc injections would be helpful or appropriate. Without evidence of significant arthritis of this joint, the request for Monovisc of the left knee will not be considered medically necessary.