

<b>Case Number:</b>	CM15-0205084		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/19/2001
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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 female, who sustained an industrial injury on 8-19-2001. The injured worker is undergoing treatment for medial meniscus or cartilage tear of knee, bilateral knee osteoarthritis. On 6-26-15, and 9-29-15, she reported bilateral knee pain. She is reported to have received Monovisc injections to the left knee, which were beneficial. The last monovisc injection is noted to have been given in December 2014, and is now wearing off. Physical examination revealed positive patellofemoral crepitation, positive grind, and tenderness along the medial joint line of the bilateral knees. She is noted to be more symptomatic with the left knee than the right. There is a positive McMurray's sign noted for the left knee, stable lachman, anterior drawer, and varus and valgus testing. She is reported to have an allergy to eggs. The provider noted her pain interferes with her activities of daily living such as prolonged standing and ambulation. The treatment and diagnostic testing to date has included medications, MRI of the left knee (February 2014) reported to reveal medial meniscus tear, right knee surgery (2002), left knee surgery (2010), orthovisc injection of left knee (February 2014) and right knee (March 2014), Kenalog injection of left knee (June 2014), Monovisc injection of left knee (December 2014), rest, ice, multiple sessions of physical therapy, home exercises. Medications have included Voltaren gel. Current work status is permanent and stationary. The request for authorization is for monovisc injection x2 for the left knee. The UR dated 10-19-2015 modified the request for monovisc injection x1 for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monovisc injection x 2 for the 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 & Leg.

**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, acute and chronic (hyaluronic injections).

**Decision rationale:** This patient receives treatment for chronic pain involving the knees. This relates to an industrial injury dated 08/19/2001. The patient's diagnoses include medial meniscus tear of the knee and bilateral osteoarthritis. There are no radiology reports included in the documentation. On exam, there is patellfemoral crepitus on palpation of the kneecap and tenderness on palpating the medial joint line of both knees. MacMurray's maneuvers are positive on the left knee. An MRI of the L knee shows a meniscus tear medially. This request addresses a request for an additional hyaluronic knee injection twice for the L knee. The ODG treatment guidelines for knee injections were used in this review. The guidelines point out that hyaluronic acid injections may be medically indicated to treat the pain of severe knee osteoarthritis when other treatments, including, steroid injections have been tried and failed. The patient's physical findings support the diagnoses of medial meniscus tear and chondromalacia patella rather than severe knee osteoarthritis. Specifically, there is no documentation for severe osteoarthritis of either knee. The request for additional hyaluronic acid knee injections is not medically necessary.