

<b>Case Number:</b>	CM15-0206501		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/24/1994
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 is a 68 year old male who sustained an industrial injury 01-24-94. A review of the medical records reveals the injured worker is undergoing treatment for bilateral knee degenerative joint disease. Medical records (10-05-15) reveal the injured worker complains of left knee pain, rated at 8/10 with weight. He reports difficult dressing, doing housework, and driving. The physical exam (10-05-15) reveals an antalgic gait, as well as tenderness to palpation and crepitus in the knees. Prior treatment includes 2 knee surgeries. The original utilization review (10-09-15) non certified the request for a Monovisc injection to the right knee, as well as custom medal unloader brace for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Monovisc injection to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** Review indicates AME report of 7/21/15 noting the patient s/p 2 right knee arthroscopies with first on 12/10/07 for right partial medial meniscectomy with patellofemoral chondroplasty with repeat surgery on 5/29/13. Recent MRI of the left knee on 6/15/15 from compensatory complaints noted unstable flap tear of the posterior horn of the left medial meniscus with recommendation for surgical intervention. There was no mention for compartmental osteoarthritis or treatment with hyaluronic acid supplementation for any remarkable DJD. Provider's report of 10/5/15 noted the patient with difficulties performing ADLs due to ongoing symptoms. Exam noted medial joint line tenderness and crepitus without instability. There was no x-ray findings provided identifying any significant OA. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends intra-articular Hyaluronic acid injections as an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Additionally, Hyaluronic injections may be indicated for osteoarthritis of the knee, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request with failed conservative treatment trial including previous cortisone injections if any, physical therapy or pharmacological interventions. The One (1) Monovisc injection to the right knee is not medically necessary and appropriate.

**One (1) custom medal unloader brace for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Unloader braces for the knee.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Activity Alteration.

**Decision rationale:** Review indicates AME report of 7/21/15 noting the patient s/p 2 right knee arthroscopies with first on 12/10/07 for right partial medial meniscectomy with patellofemoral chondroplasty with repeat surgery on 5/29/13. Recent MRI of the left knee on 6/15/15 from compensatory complaints noted unstable flap tear of the posterior horn of the left medial meniscus with recommendation for surgical intervention. There was no mention for compartmental osteoarthritis or treatment with hyaluronic acid supplementation for any remarkable DJD. Provider's report of 10/5/15 noted the patient with difficulties performing

ADLs due to ongoing symptoms. Exam noted medial joint line tenderness and crepitus without instability. There was no x-ray findings provided identifying significant OA. Unloader braces are specifically designed to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position, in order to unload the compressive forces on the medial compartment, not identified here. Per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful unicompartmental osteoarthritis; or Tibial plateau fracture. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of a "custom made" brace of either the medial or lateral hinge type or the derotational type may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of custom-made knee braces compared to the off-the-shelf type, in terms of activities of daily living. At this time, medical necessity for the custom knee orthosis with adjustable hinges, carbon graphite, and molded plastic has not been established. The One (1) custom medial unloader brace for the right knee is not medically necessary and appropriate.