

Case Number:	CM15-0211713		
Date Assigned:	10/30/2015	Date of Injury:	08/01/2013
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, 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:

This is a 48 year old male patient with a date of injury on 8-1-13. The diagnosis includes for bilateral knee pain. Per the progress report dated 9-28-15, he had complaints of right knee pain. He reported range of motion and strength have declined and the knee was progressively getting worse. Physical exam of the right knee revealed well healed arthroscopic ports, range of motion 1 to 110, strength 4 out of 5, stable Lachman and anterior drawer, stable varus and valgus testing. The current medications list is not specified in the records provided. The previous medications list includes Norco and ibuprofen. He has undergone right knee arthroscopic surgery on 2-6-15 with intraoperative findings of osteoarthritis. He had right knee MRI on 11/26/2014 which revealed degenerative changes; left knee MRI dated 12/2/2013. He reported physical therapy was helping but he had to stop due to pneumonia and additional therapy was not authorized. He only had 18 sessions and was originally authorized for 36. The patient is working full duty. Request for authorization was made for 1 Monovisc injection 4 ml to right knee. Utilization dated 10-5- 15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Monovisc injection 4ml to right 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 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) Chapter: Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: Per the ODG Guidelines "Criteria for Hyaluronic acid injections:" Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; "Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age." Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; "Failure to adequately respond to aspiration and injection of intra-articular steroids. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence." Per the records provided the patient has chronic right knee pain. He has undergone right knee arthroscopic surgery on 2-6-15. Failure to complete a course of post operative conservative therapy for the right knee including physical therapy and pharmacotherapy is not specified in the records provided. Intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. Failure to adequately respond to aspiration and injection of intra-articular steroids is not specified in the records provided. The medical necessity of 1 Monovisc injection 4ml to right knee is not fully established in this patient at this time.