

<b>Case Number:</b>	CM15-0034715		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/30/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 48 year old female, who sustained an industrial injury on 12/30/2010. She has reported left knee and back pain after a fall. The diagnoses have included cervical sprain, cervical disc protrusion, thoracic muscle spasms and lumbar disc protrusion and spasm, status post bilateral shoulder surgery, status post right knee arthroscopy in 2012. Treatment to date has included medication therapy, home exercise, physical therapy, trigger point injections, epidural injections. Currently, the IW complains of pain in multiple locations, including back and knee. The physical examination from 8/25/14 documented lumbosacral tenderness with decreased Range of Motion (ROM) and sensation to lower extremity. The diagnoses included left lower extremity radiculopathy with multiple levels, disc protrusion pending discogram, and bilateral knee internal derangement. The plan of care included continuation of home exercise, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and discogram scheduled as scheduled. On 1/22/2015 Utilization Review non-certified a monovisc injection under fluoroscopy and sedation, left knee, (20610), noting the documentation did not support that the guidelines were met for medical necessity. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of monovisc injection under fluoroscopy and sedation, left knee, (20610).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monovisc injection under fluoroscopy sedation, 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-TWC): ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

**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 chapter.

**Decision rationale:** The patient has been receiving treatment for chronic pain dating back to 2010. The patient had right knee arthroscopic surgery in 2012. The current diagnosis for the left knee includes meniscus injury. There is no mention of osteoarthritis in the working diagnosis. The treating physician has requested a monovisc injection for the L knee under fluoroscopic guidance. The treatment guidelines state that for knee injections radiologic guidance is not medically necessary. In addition, monovisc injections are only medically appropriate to treat certain cases of osteoarthritis of the knee, which this patient does not have. This request is not medically indicated.