

Case Number:	CM15-0044458		
Date Assigned:	03/16/2015	Date of Injury:	01/02/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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, Arizona
 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 53-year-old female who reported an injury on 01/02/2013. The mechanism of injury was not stated. The current diagnosis is right knee pain secondary to degenerative arthritis. The injured worker presented on 02/10/2015 with complaints of persistent right knee pain. The injured worker was 10 months status post surgery and was currently utilizing an unloader brace. The injured worker had been treated with a cortisone injection with mild relief of symptoms. Additionally, the injured worker utilizes Relafen on a daily basis. Upon examination, there was 0 degrees to 110 degrees range of motion with tenderness at the patellofemoral joint. Recommendations included a viscosupplementation injection with Monovisc. The injured worker was to continue with Relafen and Norco on an as needed basis. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2014, Knee & Leg Hyaluronic acid injections.

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

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, it is noted that the injured worker utilizes anti-inflammatory medication and has been previously treated with cortisone injections. However, there is no documentation of symptomatic severe osteoarthritis upon examination. Therefore, the medical necessity has not been established in this case. There was also no specific quantity listed in the request. Given the above, this request is not medically necessary.