

Case Number:	CM15-0059914		
Date Assigned:	04/06/2015	Date of Injury:	10/01/2013
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey

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 55-year-old male, who sustained an industrial injury on 10/01/2013. Diagnoses include status right knee arthroscopy, partial medial and lateral meniscectomy and chondroplasty, and moderately severe degenerative joint disease, left knee. Treatment to date has included surgical intervention (right knee arthroscopy partial medial and lateral meniscectomy and chondroplasty), diagnostics, medications, activity restriction and home exercises. Per the Primary Treating Physician's Interim Report dated 1/17/2015, the injured worker reported persistent pain in the left knee 2 months status post right knee arthroscopy procedure. Physical examination of the left knee revealed swelling and a small effusion. Range of motion testing revealed flexion to 130 degrees and extension to 0 degrees. There was medial joint line tenderness. McMurry's Slocum's and Patellar Compression test were positive. The plan of care included injections and authorization was requested for Monovisc Hyaluronate injection left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONOVISC HYALURONATE INJECTION LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there was record of failing conservative treatments including medications and physical therapy. Although there was no record of having tried and failed steroid injections to the left knee, in the opinion of the reviewer, the hyaluronic acid has less risk than steroid injections and therefore, would be appropriate at this time to trial them. Therefore, the request for monovisc hyaluronate injection of the left knee is medically necessary.