

<b>Case Number:</b>	CM14-0142543		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 07/19/2000. The mechanism of injury was not provided. On 09/05/2014, the injured worker presented with lumbar spine pain. Upon examination of the lumbar spine, there was mild generalized tenderness to the lumbar area. There was 5/5 strength and full painless range of motion of the thoracic and lumbar spine. Examination of the right lower extremity noted 5/5 strength, normal tone, normal muscle bulk, and no atrophy. The diagnoses were degenerative lumbar intervertebral disc, lumbago, and osteoarthritis of the right knee. Prior therapy included medications. The provider recommended a Monovisc 4/22mg injection of the right knee under ultrasound guidance. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Monovisc 4mg/22mg injection for the right knee under ultrasound guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid Injections.

**Decision rationale:** The request for One Monovisc 4mg/22mg injection for the right knee under ultrasound guidance is not medically necessary. The MTUS/ACOEM Guidelines state invasive techniques, such as needle aspiration or effusions or pre-patellar bursal fluid and cortisone injections are not routinely indicated. Official Disability Guidelines further state that hyaluronic acid injections are recommended as possible option for severe osteoarthritis for injured workers who have not responded to adequately recommended conservative treatment. There is lack of documentation of the injured worker's initial unresponsiveness to conservative treatment to include exercise and medications. Additionally, the severity of the injured worker's osteoarthritis of the right knee was not addressed. The amount of injections being requested was not provided. As such, medical necessity has not been established.