

Case Number:	CM14-0163667		
Date Assigned:	10/08/2014	Date of Injury:	01/14/2010
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50-year old with an injury date on 1/14/10. Patient complains of constant sharp pain behind left kneecap and on medial joint line of left knee per 9/9/14 report. Patient states the pain occurred before the surgery, and is mildly mitigated after the surgery, but location of pain has not changed per 9/9/14 report. Based on the 9/9/14 progress report provided by [REDACTED] the diagnoses are: 1. history of work-related injury to the left knee in January 20022. Previous history of the left knee arthroscopy with [REDACTED] 3. Low back s/p epidural management with [REDACTED] in 20124. Low back injury with a herniated disc, seeing [REDACTED] with his next appointment being on October 9/20145. Left knee s/p revision diagnostic and operative arthroscopy with arthroscopic debridement, chondroplasty, and partial lateral meniscectomy on April 11, 2014. Exam on 9/9/14 showed "left knee range of motion is 0-130 degrees of flexion. Strength is 4/5 with positive patellofemoral crepitation." Patient's treatment history includes cortisone injection, H-wave, physical therapy, epidural steroid injection, chiropractic treatment. [REDACTED] is requesting 1 monovisc injection to the left knee. The utilization review determination being challenged is dated 9/18/14 and denies the request as there was no documentation to adequately respond to aspiration and injection of intra-articular steroids to justify treatment with a hyaluronic acid injection. [REDACTED] is the requesting provider, and he provided treatment reports from 4/2/14 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Monovisc injection to the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic)

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

Decision rationale: Regarding hyaluronic acid injections, ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. In this case, the patient has not tried viscosupplementation before, and has grade 3 40% medial and inferior osteoarthritis of the patella as well as grade 3 of a 2x3cm lesion of osteoarthritis on the medial femoral condyle per 9/9/14 report. The requested 1 monovisc injection to the left knee appears reasonable for this case of advanced arthritis of the knee. Therefore, 1 Monovisc injection to the left knee is medically necessary.