

<b>Case Number:</b>	CM14-0166635		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 54 years old male with an injury date on 02/10/2011. Based on the 08/26/2014 progress report provided by [REDACTED], the diagnoses are:1. Patellofemoral chondromalacia, without change compare to 07/03/2013.2. No evidence of a Meniscus tear3. Small 2 to 3 mm Microcystic degeneration of the Distal ACL is present.4. Chronic thickening of the proximal half of the tibial collateral ligament related to an old sprain without acute edema. According to this report, the patient came in for a re-evaluation of the right knee. The patient had a MR arthrogram of the right knee done 08/18/2014 which shows patelloformal chondromalacia, a small 2-3 mm microcystic degeneration of the distal ACL, and a chronic thickening of the proximal half of the tibial collateral ligament. "Subjective the patient continues to have periodic and discomfort in his right knee." There were no other significant findings noted on this report. The utilization review denied the request on 09/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/21/2014 to 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right Knee Monovisc Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** According to the 08/26/2014 report by [REDACTED] this patient presents with right knee pain. The treater is requesting 1 monovisc injection for the right knee. Regarding Hyalgan injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyalgan injection for "severe arthritis" of the knee that have not responded to other treatments. This patient does not presents with "severe arthritis" of the knee. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." In this case, the patient does presents with chondromalacia of the patella for which Hyalgan injections are not indicated. There is no evidence of "severe osteoarthritis" either. Therefore, the requested Hyalgan injection for the right knee is not in accordance with ODG guidelines. The request is not medically necessary.