MAXIMUS Federal Services

Case Number:	CM14-0214583		
Date Assigned:	01/07/2015	Date of Injury:	03/20/2012
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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-year-old woman who sustained a work-related injury on March 20, 2012. Subsequently, she developed chronic knees pain. In an e-consultation report dated May 12, 2014, the patient stated she has had some improvement in her knee symptoms with the use of Synvisc. According to the progress report dated September 10, 2014, the patient reported deterioration of bilateral quadriceps and more parellofemoral problems. physical examination revealed range of motion was 0-120 degrees and significant bilateral quadriceps atrophy. On a medical note dated November 25, 2014, it has been noted that the patient was having difficulty with bilateral knees. examination findings revealed range of motion 0-120 degrees with tricompartmental crepitation on the right and left and no effusion. The patient was diagnosed with chondromalacia of the patella in the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injections under ultrasound guidance-bilateral knees: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections

Decision rationale: According to ODG, Hyaluronic acid injections are recommended 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, but in recent quality studies the magnitude of improvement appears modest at best. There is no documentation that the patient failed conservative therapies. There is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. There is no documentation that the patient is candidate for a knee replacement or the injection will delay the need for a knee replacement. Therefore, the request is not medically necessary.