

Case Number:	CM15-0018031		
Date Assigned:	02/05/2015	Date of Injury:	03/20/2012
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 08/31/2009. The diagnosis includes bilateral knee chondromalacia patella. Treatments have included Synvisc injections. The progress report dated 01/06/2015 indicates that the injured worker developed a reaction to the Synvisc injection, so Orthovisc was requested. The injured worker was recovering from spinal surgery and was still having a large amount of difficulty with both of her knees. The physical examination showed 0-125 degrees range of motion in the left knee and 0-130 degrees range of motion in the right knee, and a moderate degree of tricompartmental crepitation in both knees. The treating physician requested Monovisc injection in both knees without ultrasound. On 01/21/2015, Utilization Review (UR) denied the request for Monovisc injection under ultrasound guidance for the bilateral knees. The UR physician noted that the guidelines do not recommend hyaluronic injections for chondromalacia patella. The Non-MTUS Official Disability Guidelines were cited.

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 for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee & Leg- Hyaluronic acid Injections and criteria for Hyaluronic acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter has the following regarding Hyaluronic acid injections

Decision rationale: This patient presents with bilateral knee issues "as she had to lift herself up with her knees since she is recovering from cervical surgery." The current request is for MONOVISC INJECTIONS UNDER ULTRASOUND GUIDANCE FOR BILATERAL KNEES. The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, we turned to ODG for further discussion. ODG Guidelines under its knee and leg chapter has the following regarding Hyaluronic acid injections, "recommended as possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAID, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states that the study assessing the efficacy of intraarticular injections of Hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found the results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo improving knee pain and function, with no difference between 3 or 6 consecutive injections. According to progress report dated 11/25/14 and appeal letter dated 1/6/15, examination revealed range of motion was 0 to 120 with tricompartmental crepitation, but no effusion. The treating physician in an appeal letter dated 1/6/15, states that the patient continues "having large amount of difficulty with both her knee." In this case, the patient suffers from knee pain but has not been diagnosed osteoarthritis for which these injections are indicated for. ODG Guidelines state this treatment is indicated for severe osteoarthritis and there are no x-rays, MRIs or diagnosis confirming such. This request IS NOT medically necessary.