

Case Number:	CM15-0113862		
Date Assigned:	06/22/2015	Date of Injury:	04/13/2012
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male who sustained an industrial injury on April 13, 2012. He has reported left knee pain and has been diagnosed with left knee degenerative joint disease. Treatment has included medications. There was joint line tenderness noted on the medial aspect. McMurray test was positive. X-rays dated April 28, 2015 showed moderately severe medial joint space narrowing and moderate lateral joint space narrowing. The treatment request included a Monovisc injection of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection left knee Qty: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for left knee pain. Recent x-rays showed findings of moderate to severe degenerative joint disease. He underwent left knee arthroscopy with a partial meniscectomy in March 2013. When seen, pain was rated at 5/10. He was taking anti-inflammatory medications. There was left knee joint line tenderness with decreased range of motion. The claimant's BMI was over 30. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant has findings consistent with advanced degenerative changes of the left knee and he is too young for knee arthroplasty. The requested Monovisc injection is medically necessary.