

Case Number:	CM15-0174056		
Date Assigned:	09/15/2015	Date of Injury:	08/06/2014
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 8-06-2014, after a fall, banging both knees. The injured worker was diagnosed as having bilateral knee contusion sprains with posttraumatic arthritis. Treatment to date has included diagnostics, injections, and medications. Currently (7-23-2015), the injured worker complains of bilateral knee pain, now worse with the defensive tactic training with abrupt moves, lunges, and squatting. She did not have locking or gross giving way but did have pain, swelling, and crepitation. Sitting, standing, and walking tolerance was 40 minutes. Pain was not rated on 7-23-2015. She was currently working full duty. Current medications included Omeprazole, Flector patch, Nabumetone, and Voltaren gel. Exam of the bilateral knees noted tenderness at the joint lines and crepitation with flexion and extension. Both knees flexed easily to 90 degrees, with discomfort at the endpoint and joint line crepitation. A previous progress report (5-07-2015) noted that magnetic resonance imaging films were reviewed and she appeared to have a right lateral meniscus tear, noting that she had done well with Synvisc injections in the past (good relief and one to two months before she would be due for another one on the usual schedule). She received a cortisone injection to the right knee and the treatment plan included Monovisc injection for the left knee, non-certified by Utilization Review on 8-06-2015. The medication list included Nabumatone, Omeprazole, Flector patch. Per the note dated 9/17/15 the patient had complaints of bilateral knee pain at 4-8/10 and low back pain with radiculopathy. Physical examination of the bilateral knees revealed tenderness on palpation, positive patellar

comprehensive test, and limited range of motion The patient had used knee braces for this injury. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation AAOS Guidelines: Treatment of Osteoarthritis of the Knee, 2nd edition 2013.

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 (updated 07/10/15)Hyaluronic acid injections.

Decision rationale: Request: Monovisc injection of the left knee. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; "Younger patients wanting to delay total knee replacement." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for Monovisc injection of the left knee is not fully established in this patient.

Cortisone injection of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cortisone Injection of the Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg (updated 07/10/15) Corticosteroid injections.

Decision rationale: Cortisone injection of the right knee. MTUS guideline does not specifically address this issue. Hence ODG used as per cited guideline, "Corticosteroid injections: Recommended for short-term use only. "The beneficial effect could last for 3 to 4

weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. (Leopold, 2003) (Arroll-BMJ, 2004) (Godwin, 2004) The Longer-term benefits have not been confirmed." The patient had received right knee cortisone injection. A procedure note was not specified in the records provided. The associated reduction in medication use with prior steroid injection was not specified in the records provided. The detailed response of prior cortisone injection was not specified in the records provided Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Cortisone injection of the right knee is not fully established for this patient.