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| Case Number: | CM15-0070093 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 01/24/2011 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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, North Carolina
 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 (IW) is a 58-year-old male who sustained an industrial injury on 01/24/2011. Diagnoses include status post left knee anterior cruciate ligament (ACL) reconstruction and status post ACL graft diagnostic and operative left knee arthroscopy. Treatment to date has included medications, physical therapy, Synvisc injections and surgery. Diagnostics included x-rays. According to the progress notes dated 3/24/15, the IW reported achiness, pain, swelling and stiffness of the left knee with prolonged weight-bearing activities. Previous viscosupplementation was beneficial. A request was made for Monovisc injection for the left knee due to previous positive response to viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc Injection, Left 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: Knee & Leg Procedure Summary - Criteria for Hyaluronic 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 and leg procedure summary; criteria for hyaluronic acid injections.

Decision rationale: This request is for Monovisc injection to the knee. The claimant had an ACL reconstruction in 1995 and hyaluronic acid injections to the knee in 12/2011, 7/2012, 12/2012 and 6/2013. The MTUS does not address this injection; however, the ODG does list criteria for injections, including the findings of significantly symptomatic osteoarthritis without response to conservative pharmacological and nonpharmacological treatments. The pain should also interfere with functional activities and x-ray should demonstrate findings of osteoarthritis. The records submitted indicate that the claimant is on no medications for osteoarthritis, has a normal gait, normal range of motion of the knee, and good muscle strength in the extremity. He only complains of discomfort in the knee when climbing and achiness, stiffness pain and swelling with prolonged weight bearing. The lack of physical limitations and relatively minor complaints only with prolonged weight bearing fails to establish the medical necessity of the injection. In addition, conservative measures have not been attempted. This request is deemed not medically necessary at this time.