MAXIMUS Federal Services

Case Number:	CM15-0095184		
Date Assigned:	05/22/2015	Date of Injury:	02/20/2014
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 51 year old female, who sustained an industrial injury on 2/20/14. Initial complaints were not reviewed. The injured worker was diagnosed as having mild chondromalacia knee; osteoarthritis, localized, primary, lower leg; aftercare following surgery musculoskeletal system; effusion joint lower leg; difficulty walking; mononeuritis or neuropathy of lower limb. Treatment to date has included status post right knee arthroscopy/debridement including partial medical menisectomy/ medial compartment chondroplasty including medial femoral condyle and medial tibial plateau (5/2/14); physical therapy; home exercise program; knee sleeve; right knee injection (12/29/14); medications. Diagnostics included MRI right knee (3/25/14 and 5/27/15); X-rays right knee (4/20/15). Currently, the PR-2 notes dated 4/20/15 indicated the injured worker presents for further evaluation of the right knee and feels she is not improving. The injured worker is a status post right knee arthroscopy/debridement including partial medical menisectomy/ medial compartment chondroplasty including medial femoral condyle and medial tibial plateau of 5/2/14. She continues to note frequent right knee pain and swelling. Her symptoms limit her activity and ability to work. The provider remarks that his treatment requests for right knee MRI and intra-articular visco supplementation injections have been denied for lack of documentation that would change or confirm the diagnosis. He documents at this time that his PR-2 notes report ongoing inflammatory condition or the severity of the osteoarthritis. The objective findings on this date include the injured worker continues to exhibit guarding of the right knee. Her gait is reciprocal although mildly antalgic-favoring the right knee. There is ongoing right knee swelling/effusion with a boggy synovium noted. There is no abnormal laxity distress testing. The range of motion remains mildly limited and irritable (0- 125 degrees). There is

ongoing tenderness to the right knee. Previous reported radiographs reveal moderate osteoarthritis change. She has a diagnosis of osteoarthritis of the right knee. Included in the medical documentation is a MRI of the right knee dated 5/27/15 with an impression: "Oblique linear signal abnormality within the posterior horn of the medial meniscus. While it is conceivable that some of the findings may be related to post-surgical changes, the possibility of oblique tear cannot be excluded. Clinical correlation would be helpful for further evaluation. Mild osteophytic spurring arising from the medial and lateral compartment of the right knee." The provider has requested Synvisc-One or Monovisc injection (right knee) and MRI without contrast right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-One or Monovisc injection (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 (ODG), Knee & Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc-One or Monovisc, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. ODG also states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria.
Within the documentation available for review, there is no documentation of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. As such, the currently requested Synvisc-One or Monovisc injection for the knee are not medically necessary.

Magnetic resonance imaging (MRI) without contrast (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG states repeat MRIs for post-surgical if need to

assess knee cartilage repair tissue. Within the medical information made available for review, there is no documentation that radiographs are non-diagnostic and internal derangement is suspected, identification of any red flags, or a need to assess the surgical repair. In the absence of such documentation, the currently requested MRI is not medically necessary.