

Case Number:	CM13-0017998		
Date Assigned:	01/15/2014	Date of Injury:	08/29/2005
Decision Date:	03/19/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female with industrial injury 8/29/05. Exam note 11/12/12 demonstrates bilateral knees with patellofemoral crepitus, no effusion. Radiographs 4/16/13 demonstrate tricompartmental osteophytes with moderate to severe lateral compartment narrowing. Exam note 7/31/13 demonstrates bilateral knee pain with BMI 35.5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections x 4: 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), 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), Criteria for Hyaluronic acid injections.

Decision rationale: The use of viscosupplementation is supported in the medical literature, however additional high quality studies are lacking to demonstrate its efficacy for patellofemoral pathology only. Per Official Disability Guidelines: Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately

to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; CRITERIA NOT MET (2) Bony tenderness; CRITERIA NOT MET (3) Crepitus (noisy, grating sound) on active motion; CRITERIA MET (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; CRITERIA NOT MET (5) Less than 30 minutes of morning stiffness; CRITERIA NOT MET (6) No palpable warmth of synovium; CRITERIA NOT MET (7) Over 50 years of age; CRITERIA MET (8) Rheumatoid factor less than 1:40 titer (agglutination method); CRITERIA NOT MET (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); CRITERIA NOT MET Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; CRITERIA NOT MET Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. CRITERIA NOT MET. No maximum established by high quality scientific evidence; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case there is lack of documentation in the record of which knee is requested for Supartz injection. In addition there is insufficient evidence in the record to support at least 5 of the criteria above. Therefore the determination is for non-certification.

Left total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) indications for Surgery, Knee- arthroplasty, Knee chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery, Knee arthroplasty.

Decision rationale: The ACOEM Guidelines were not utilized due to the chronicity of this case. The California MTUS does not specifically address this request. According to the Official Disability Guidelines regarding knee joint replacement states that the minimally invasive total knee arthroplasty: No significant benefit was seen in using a minimally invasive surgical technique over a standard traditional technique for total knee arthroplasty, but the study did not focus on quality-of-life outcomes (eg, length of hospital stay, reliance on pain medications, and the need for inpatient rehabilitation after discharge), in which the minimally invasive approach is

purported to show an advantage. (Wilkner, 2010) ODG Indications for Surgery - Knee arthroplasty: Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). 2. PLUS 2. Subjective Clinical Findings: Limited range of motion (<90° for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. 3. PLUS 3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. 4. PLUS 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). Based upon the records reviewed there is insufficient evidence to support guidelines above for a total knee arthroplasty. The patient has a BMI of 35.5 which is greater than the guideline with lack of documentation of subjective clinical findings. Therefore the determination is for non-certification.

Psychiatric treatment for depression:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological referral. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological referral. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychological referral.

Decision rationale: Per the CA MTUS Chronic Pain and ODG regarding psychological referral, Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care

may be required from mental health professions allowing for a multidisciplinary treatment approach. In this case there is insufficient evidence in the records to support rationale for psychiatric treatment or referral. Therefore the determination is for non-certification.