

Case Number:	CM13-0029296		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2013
Decision Date:	08/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 claimant injured his right knee on 06/20/13 when he fell. A series of 5 hyaluronan injections under ultrasound guidance have been requested along with 6 follow-up visits. This is under review. These types of injections were described as being helpful in the past. The claimant has complained of right knee pain. On 06/12/13, again only the left knee was noted to have severe tricompartmental osteoarthritis. The right knee was not examined or diagnosed. On 06/21/13, he was prescribed diclofenac and tramadol. He has a history of 3 right knee surgeries and he had fallen while walking on an uneven floor. A utilization review appeal letter dated 06/26/13 states that the claimant is status post left knee arthroscopic surgery and was status post Synvisc injection and osteoarthritis. The right knee is not mentioned in diagnoses or in the description of symptoms. Only the left knee was evaluated. On 6/28/13, he was evaluated for a sprain and he wanted to return to full duty and was discharged. He was diagnosed with a sprain. He had no effusion at that time. On 07/10/13, he reported that his knee was bothering him again. If he walked 20-30 feet, it felt like it was caving in. He had no effusion but was limping. He had patellofemoral syndrome and a sprain and was referred to an orthopedist. On 08/09/13, there is an orthopedic final evaluation that does mention bilateral knee pain. He had been recommended to have BioniCare knee braces for his knee complaints. Physical examination of the right medial knee revealed tenderness over the medial and lateral joint lines and significant crepitus bilaterally. McMurray's test elicited pain but there was no ligamentous laxity in either knee. Range of motion was 0-120 on the right knee. He is status post right knee surgery 3 with severe osteoarthritis of the left knee per CT scan. Right knee x-rays performed on 08/16/13 revealed severe medial compartment osteoarthritis with patellofemoral arthrosis and complete loss of joint space. On 09/06/13, he saw [REDACTED] and had a right knee effusion and significant crepitus with motion and joint line tenderness. He is not a surgical candidate for arthroplasty due to

morbid obesity and he did not respond to cortisone injections, a variety of anti-inflammatories, or physical therapy. On 09/23/13, he had recurrent knee pain and was using a cane. He had crepitus with motion and joint line tenderness with an effusion. He was to continue anti-inflammatory medication and the use of a cane. He saw [REDACTED] on 10/17/3013 and had significant knee pain. There was crepitus with motion with an effusion about the knee and joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 5 RIGHT KNEE INJECTIONS OF HYALURONAN UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The history and documentation do not objectively support the request for five viscosupplementation injections for the right knee. The ODG state viscosupplementation injections may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. There is little information about treatment to date for the right knee, including what kinds of surgery (3) have been done and when the cortisone injections were done. It is not clear whether the claimant has received viscosupplementation injections to the right knee in the past with a good response. This history is unclear, in particular whether the right knee has had corticosteroid or viscosupplementation injections. There is no documentation of a regular exercise program which should be continued in conjunction with any injection therapy since injection therapy is not a stand-alone treatment. In addition, since the claimant has been deemed to be not a candidate for arthroplastic knee surgery, there is no evidence that these injections are being recommended to try to avoid surgery. The medical necessity of this request for 5 hyaluronan injections for the right knee has not been clearly demonstrated, therefore, is not medically necessary.

6 ADDITIONAL FOLLOW UP VISITIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The history and documentation do not objectively support the request for 6 additional follow up visits. The ODG state office visits may be recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the specific reason for the office visits is unclear but is likely for monitoring of the claimant's response to the hyaluronan injections. Since these injections are not medically necessary, the 6 office visits are also not medically necessary.