MAXIMUS Federal Services

Case Number:	CM13-0067624		
Date Assigned:	01/08/2014	Date of Injury:	11/22/2008
Decision Date:	05/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation 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:

This 53 year-old patient sustained an injury when he fell off a roof on 11/22/08 while employed by [redacted]. Requests under consideration include Bilateral Knee Orthovisc Injections to Each Knee, Three Series Per Knee (Total of Six). Diagnoses include bilateral knee degenerative joint disease; status post (s/p) right knee arthroscopy on 8/3/10 with partial medial meniscectomy. Conservative care has included medications, physical therapy, knee brace, Euflexxa injections to left knee in 2008 and 2009, modified work/off work, and various viscous supplementation knee injections with last synvisc injections done on 6/28/13. Report of 10/14/13 from the provider noted patient ambulated with a cane; had good relief from the Synvisc injection, but felt it is symptom relief is wearing off after 3 months; does not want steroid injections; still very limited in steps or stairs; unable to squat or kneel; has no history of gout or rheumatic disease. Exam noted antalgic gait, more limp on right side; no joint effusion to either knees; satisfactory tracking of bilateral patella; patellofemoral crepitation of both knees with + patellar grind test; pain with quadriceps contraction; no change in quadriceps strength; range in knee flexion 0-120 degrees; negative Lachman; pulses normal; all motor and sensory are intact in quadriceps, hamstrings, foot, ankle, dorsal flexion (DF) & plantar flexion (PF) of ankle and toes. Medications list Mobic, Amitriptyline, Sertraline. Request for repeat bilateral knee orthovisc injetions (total 6) was non-certified on 12/12/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLIATERAL KNEE ORTHOVISC INJECTIONS TO EACH KNEE, THREE SERIES PER KNEE (TOTAL OF SIX): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, Pages 311-313.

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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) such as this case. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to non-steroidal anti-inflammatory drugs (NSAIDs) therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here with only three months relief, patient tolerating Mobic, and has patellofemoral crepitation signs. The Bilateral Knee Orthovisc Injections to Each Knee, Three Series Per Knee (Total of Six) is not medically necessary and appropriate.