MAXIMUS Federal Services

Case Number:	CM14-0008881		
Date Assigned:	02/12/2014	Date of Injury:	06/09/2003
Decision Date:	08/05/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery has and is licensed to practice in California & Utah. 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 injured worker is a 50-year-old male who reported a slip and fall on 06/09/2003. In a report of 12/18/2013, it was noted that he was initially treated conservatively, including evaluations, medications, and x-ray. The report further states that due to his ongoing reports of pain, he was provided a right knee arthroscopy in 2003. He has undergone a variety of conservative and invasive procedures, including medication management, diagnostic imaging, Synvisc injections, physical therapy, and a knee brace. It was noted that he had a history of 2 prior right knee surgeries, one in April of 1998 which was prior to the reported injury, and another in January of 2001. The nature of the surgeries is unknown. He had been advised that he may benefit from a right total knee replacement but he was concerned about the surgery and stated he would like to exhaust his conservative options prior to proceeding with a knee replacement. He reported his pain level at 7/10 in the right knee which was exacerbated with activity and relieved with medications. His diagnoses included right knee pain, right knee surgery, opioid dependence, anxiety, and deconditioning. His medications included simvastatin 40 mg, Nifedipine 40 mg, metoprolol 100 mg, Mobic 7.5 mg, Lyrica of an unknown dosage, and Duragesic patch. His history also included 9 previous Synvisc injections. He reported that he would have approximately 2 weeks of pain relief following each injection. It is documented that he received postoperative physical therapy after his right knee arthroscopy in 2003 but felt that it offered no relief. The dates and modalities were not included in the documentation. A Request for Authorization, dated 01/10/2014, was included with the documents. His diagnosis on the Request for Authorization was degenerative disc disease of the right knee. There was no rationale included with the documents for this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ORTHOVISIC INJECTIONS FOR THE RIGHT KNEE BETWEEN 1/8/14 AND 2/22/14: Upheld

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

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.

Decision rationale: The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to the recommended conservative treatment (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears to be 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). Recent research of people with osteoarthritis of the knee reveal that injections of viscosupplements compared with placebo have yielded inconsistent results. Higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than in the small and poor quality trials. They concluded that any clinical improvement attributable to viscosupplementation is likely small and not clinically meaningful. They also concluded that evidence was insufficient to demonstrate clinical benefit with higher molecular weight products. Studies recommended no more than 3 series of injections over a 5 year period because effectiveness may decline. The criteria for hyaluronic acid injections included failed trials of recommended conservative non-pharmacologic interventions, including exercise, and pharmacological treatments. Other criteria included not currently being a candidate for total knee replacement. Additionally, it is recommended for patients who are not currently candidates for total knee replacement. Hyaluronic acid injections are not recommended for any other indications apart from osteoarthritis of the knee. Although the submitted documentation does mention that the injured worker had previously attempted physical therapy and conservative care, it did not specifically mention failed trials of physical therapy, conservative care, or medications specifically for his right knee pain. By his own report, the previous hyaluronic acid injections had given him no more than 2 weeks relief. At this point he is a candidate for total knee replacement. For these reasons, the request for 3 Orthovisc injections for the right knee between 01/18/2014 and 02/22/2014 is not medically necessary.