

Case Number:	CM14-0153686		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2008
Decision Date:	11/25/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 49 year old employee with date of injury of 1/8/2008. Medical records indicate the patient is undergoing treatment for s/p right knee arthroscopic subtotal meniscectomy with removal of loose bodies and microfracture surgery in 8/13. He has been diagnosed with DDD per an MRI in 2/12. Subjective complaints include pain with limited range of motion, dysfunction, limited bending and stooping. He cannot stand for more than a few hours without leg stiffness and dysfunction. His pain rates anywhere from a 4-9/10. Objective findings include an altered gait, inability to toe/heel walk and inability to squat. The left knee has full extension with pain on high flexion. There is minimal effusion but tenderness over the medial joint line. On exam, the thoracolumbar spine range of motion is decreased on flexion on the right and rotation bilaterally. His range of motion of his bilateral knees is decreased on flexion. Two MRIs showed a complex medial meniscus tear of the right knee and osteoarthritis. Treatment has consisted of PT, (without benefit) knee brace, two lumbar epidural injections (with benefit), Tramadol, On 12/21/13, a QME report recommended Viscosupplementation and a possible right knee replacement. The utilization review determination was rendered on 8/27/14 recommending non-certification of a Viscosupplementation, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation, 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, Knee & Leg (updated 6/5/14), Hyaluronic acid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections <http://orthoinfo.aaos.org/topic.cfm?topic=a00217>

Decision rationale: AAOS (American Association of Orthopaedic Surgeons) states "Another treatment option is a procedure called viscosupplementation. In this procedure, a gel-like fluid called hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in the synovial (joint) fluid. It acts as a lubricant to enable bones to move smoothly over each other and as a shock absorber for joint loads". MTUS is silent regarding viscosupplementation. While ACOEM guidelines do not specifically mention guidelines for usage of viscosupplementation, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline 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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;". ODG states that "This RCT (randomized controlled trials) found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA (hyaluronic acid) after knee arthroscopy cannot be recommended". The documents provided show that the patient was approved for right knee arthroscopic surgery. Guidelines do not recommend Viscosupplementation prior to or immediately after arthroscopic surgery. As such, the request for Viscosupplementation, right knee is not medically necessary.