

Case Number:	CM14-0185438		
Date Assigned:	11/13/2014	Date of Injury:	12/04/2001
Decision Date:	12/23/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

48year old female injured worker was injured on 12/4/01 with related right knee pain. Per progress report dated 9/19/14, the injured worker complained of increasing right knee pain, which had gotten worse in the past several months. She had previous diagnosis of osteoarthritis and was treated with viscosupplementation injections, which had helped. Per physical exam of the knee, trace effusion was noted. She had joint line tenderness and grinding in the patellofemoral joint. She was status post ACL reconstruction. MRI of the right knee dated 6/17/10 revealed evidence of ACL reconstruction and removal of hardware; extensive partial tearing of the midsubstance of the graft and possible impingement from notch osteophytes; joint bodies in the anterior notch; mild joint effusion and thickened superior plica. The documentation submitted for review did not state whether physical therapy or medication management were utilized. Treatment to date has included viscosupplementation. The date of UR decision was 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, 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) Knee & Leg, Hyaluronic Acid Injections

Decision rationale: The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or Acetaminophen), too 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)."Criteria for Hyaluronic acid injections:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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;- 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. No maximum established by high quality scientific evidence; see Repeat series of injections above.- 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.The documentation submitted for review references that the injured worker has previously received viscosupplementation injection with benefit. However, specific functional improvement and duration of relief were not documented, without this information medical necessity of repeat series of injections cannot be affirmed. Therefore, are not medically necessary.