

Case Number:	CM14-0026973		
Date Assigned:	06/13/2014	Date of Injury:	09/30/2009
Decision Date:	08/14/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & 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:

The injured worker is a 59-year-old male with a reported date of injury on 09/30/2009. The mechanism of injury was noted to be a fall. His diagnoses were noted to include status post left knee arthroscopy with debridement, partial medial meniscectomy, and chondroplasty. His previous treatments were noted to include physical therapy, surgery, and medications. An MR arthrogram performed on 10/29/2013 revealed evidence of prior partial meniscectomy of the body and posterior horn of the medial meniscus, a small undersurface tear of the posterior horn of the medial meniscus remnant, a focal articular cartilage defect in the weightbearing portion of the medial femoral condyle measuring 11 mm x 12 mm, and mild proximal patellar tendinosis. The progress note dated 02/25/2014 revealed the injured worker complained the pain to the left knee was worse and had been grinding with ambulation and the whole joint hurt so the limping was worse. The physical examination of the left knee revealed diminished medial joint line space and degenerative joint disease on the x-ray taken on 04/11/2012, medial meniscus repair, and chondromalacia femoral condyle and tibial plateau. There was crepitus noted and grinding with active range of motion of the left knee, flexion was to 90 degrees, and extension was to 0 degrees. The provider revealed the injured worker had osteoarthritis, failed surgery and therapy, and positive examination findings. The provider noted there was bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and he was over 50 years of age. The pain interfered with functional activities and was not attributed to other forms of joint disease. The provider also reported the injured worker failed to adequately respond to aspiration injection of intra-articular steroids, and the injured worker was wanting to delay total knee replacement. The request for authorization form dated 01/23/2014 is for a Synvisc injection to the left knee due to knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic acid injection for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, 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 and Leg, Hyaluronic Acid injections.

Decision rationale: The request for a hyaluronic acid injection to the left knee is medically necessary. The injured worker has had previous knee surgeries and failure of conservative treatment. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment (such as 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. The Guidelines criteria for hyaluronic acid injections include patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these therapies. There must be documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. The Guidelines state pain must interfere with functional activities and there must be a failure to adequately respond to aspiration injection of intra-articular steroids. The Guidelines also state the patient must not currently be a candidate for total knee replacement or have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. The Guidelines also state hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for use in joints other than the knee. The injured worker's MRI did not reveal severe osteoarthritis and mentioned only a small medial femoral chondral defect. However, the injured worker has met Guideline criteria regarding symptoms such as crepitus, bony tenderness, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and the injured worker is over 50 and documentation of failure of conservative care as well as imaging studies to corroborate. Therefore, the request is medically necessary.