

Case Number:	CM14-0029146		
Date Assigned:	03/17/2014	Date of Injury:	09/21/2007
Decision Date:	03/21/2014	UR Denial Date:	12/31/2013
Priority:	Expedited	Application Received:	01/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 58 year-old male sustained an injury on 9/21/07 while employed by [REDACTED]. Request under consideration include URGENT Visco-supplementation Injection of the Left Knee x 1. Report of 12/6/13 from provider noted patient with complaints of neck, upper back pain, headaches, left knee pain, low back pain and bilateral leg pain with numbness and tingling. Exam of the lumbar spine showed tenderness of the paraspinal muscles, spasm, tender right buttock over the right trochanter; positive SLR at 45 degrees bilaterally; positive Fabere's and Gaenslen's tests; dermatomal changes at L5-S1 bilaterally; left knee has diffuse tenderness and swelling of medial joint line and inferior pole of patella; decreased ROM; positive Apleys grinding test. MRI of lumbar spine on 6/21/12 was reported to show L5-S1 disc bulge of 4.2 mm with spinal canal narrowing and bilateral neural foraminal narrowing. Conservative care has included work restrictions, physical therapy, lumbar epidural steroid injection (dated 4/25/12 which provided temporary relief of 2 weeks); SI joint injection, lumbar support, use of cane, trigger point injections, facet blocks, chiropractic care, home exercises program, corticosteroid injections to the knee, and shockwave therapy for the knee as well. Urgent request for the above visco-supplementation injection to the left knee was non-certified on 12/31/13 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:

URGENT VISCOSUPPLEMENTATION INJECTION OF THE LEFT KNEE X1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic Acid Injections

Decision rationale: This 58 year-old male sustained an injury on 9/21/07 while employed by [REDACTED]. Request under consideration include URGENT Visco-supplementation Injection of the Left Knee x 1. Report of 12/6/13 from provider noted patient with continued persistent left knee pain. Exam showed diffuse tenderness and swelling of medial joint line and inferior pole of patella; and decreased ROM. Conservative care has included work restrictions, physical therapy, lumbar epidural steroid injection (dated 4/25/12 which provided temporary relief of 2 weeks); SI joint injection, lumbar support, use of cane, trigger point injections, facet blocks, chiropractic care, home exercises program, corticosteroid injections to the knee, and shockwave therapy for the knee as well. 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). Submitted reports have not demonstrated clear supportive findings for the injection request. The URGENT VISCO-SUPPLEMENTATION INJECTION OF THE LEFT KNEE X1 is not medically necessary and appropriate.