

Case Number:	CM14-0039536		
Date Assigned:	06/27/2014	Date of Injury:	06/28/2007
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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:

The patient is a 58-year-old male who has submitted a claim for knee degenerative joint disease associated with an industrial injury date of June 28, 2007. Medical records from 2009-2014 were reviewed. The patient complained of bilateral knee pain. There was associated swelling, locking, and catching. Physical examination showed medial joint line tenderness on both knees. There was severe crepitus with motion, trace effusion, and moderate varus bilaterally. McMurray's test was positive. Magnetic resonance imaging (MRI) of the right knee, dated March 16, 2014, revealed degenerative subchondral edema versus bone contusion, medial meniscal tear/injury, patellar tendinopathy, and chondromalacia. According to a previous utilization review, dated March 21, 2014, MRI done on October 4, 2011 showed post-menisectomy change involving the posterior horn and body of the medial meniscus, moderate lateral compartment arthrosis that showed interval progression compared to prior study, and small joint effusion and popliteal cyst with evidence of synovitis. Treatment to date has included medications, physical therapy, activity modification, knee cortisone injection, left knee surgery, and hyaluronic acid knee injections. Utilization review, dated March 21, 2014, denied the requests for left knee MRI because there was no clear clinical rationale for an updated MRI; and series of four (4) Orthovisc (Hyaluronic) injections for bilateral knees because there was no evidence that the patient has exhausted conservative treatment for the left knee and no evidence of at least 6 months of relief and improved function for which a repeat series would be supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI.

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, magnetic resonance imaging (MRI), is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of anterior cruciate ligament (ACL) tear preoperatively. In addition, the Official Disability Guidelines (ODG) criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, the rationale for the present request was not provided. An MRI of the left knee was done on October 4, 2011 showed post-menisectomy change involving the posterior horn and body of the medial meniscus, moderate lateral compartment arthrosis, and small joint effusion and popliteal cyst with evidence of synovitis. In the most recent clinical evaluation, the patient still complains of bilateral knee pain with swelling, locking, and catching. Physical examination also revealed severe crepitus with motion, trace effusion, moderate varus bilaterally, and positive McMurray's test. However, there was no worsening of subjective complaints and objective findings that may warrant further investigation using MRI. There is also no evidence of an unstable left knee. Therefore, the request for left knee MRI is not medically necessary.

Series of four (4) Orthovisc (Hyaluronic) injections for bilateral knees: Upheld

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, 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 Chapter, Hyaluronic acid injection.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injection was used instead. Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or

arthroscopy findings diagnostic of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, a series of three viscosupplementation injections into the right knee was done on 2009, which provided relief. However, the duration of the response was not mentioned. The guidelines recommend repeat injections when there is significant improvement of symptoms for at least 6 months. Furthermore, there was no mention of failed pharmacologic and non-pharmacologic treatment. In addition, recent progress report dated May 20, 2014 stated that the patient was being considered for total knee replacement. There was also no discussion of failure of previous knee surgeries. The guideline criteria have not been met. Therefore, the request for series of four (4) Orthovisc (Hyaluronic) injections for bilateral knees is not medically necessary.