MAXIMUS Federal Services

Case Number:	CM14-0043339		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2007
Decision Date:	08/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 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 female who reported an injury on 07/09/2007. The mechanism of injury was not provided within the documentation. Her diagnoses were noted to be medial meniscus tear status post partial meniscectomy and chondromalacia, right knee. Prior treatments were noted to be physical therapy, chiropractic care H-wave unit, and medications. The pertinent diagnostics were noted to be x-rays. Pertinent surgical history was noted to be right knee arthroscopy, partial medial meniscectomy and partial lateral meniscectomy. A clinical evaluation on 05/02/2014 notes the injured worker with subjective complaints of pain in the right knee that comes and goes, and occasional popping in the right knee. She noted pain under the patella. Objective findings were noted to be right knee range of motion from 0 to 103 degrees with pain. Strength was a 4+/5 in the quads and a 5-/5 in the hamstrings. There was mild swelling of the right knee. The treatment plan was noted to be medication refills for Voltaren gel, visco injections, and a followup in 4 weeks. The provider's rationale for the request was noted in the Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco Injections series of 3 to the right knee QTY: 3.00: 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 and Leg (updated 1/20/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis in patients who have not responded adequately to recommended conservative treatment (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 patella, osteochondritis, or patellofemoral syndrome. Criteria for injections include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments, or are intolerant of these therapies for at least 3 months; there must be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, no palpable warmth of synovium, and over 50 years of age. It is important that documentation supports failure to adequately respond to aspiration and injection of intra-articular steroids. These are not generally performed without fluoroscopic or ultrasound guidance. Random controlled trials have found that there was no benefit of a hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of hyaluronic acid injections after knee arthroscopy cannot be recommended. The injured worker's most recent clinical evaluation lacks supportive documentation for osteoarthritis. The guidelines do not recommend use of hyaluronic acid injections after meniscectomies. Therefore, the request for visco injections, series of 3 to the right knee, quantity 3 is not medically necessary.