

Case Number:	CM14-0061818		
Date Assigned:	07/09/2014	Date of Injury:	03/30/2012
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/02/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with cumulative trauma at work between the dates of March 30, 2011 through March 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated April 15, 2014, the claims administrator denied a request for ultrasound-guided viscosupplementation injections for the bilateral knees x3. The claims administrator stated that the applicant did not have arthritis for which viscosupplementation injections would be indicated. Non-MTUS ODG Guidelines were noted. The claims administrator did, somewhat incongruously, cite x-rays of the bilateral knees of April 2, 2014, which did demonstrate 70 to 80% joint space narrowing. The applicant attorney subsequently appealed. In an April 8, 2014 progress note, the applicant reported persistent complaints of bilateral shoulders, bilateral wrists, bilateral hands, back, and bilateral knees pain. The applicant has been diagnosed with diabetes. The applicant had bilateral knee degenerative joint disease, bilateral shoulder impingement syndrome, and bilateral wrist first CMC joint arthritis. The applicant was described as off of work, on total temporary disability. Ultrasound-guided viscosupplementation injections of the knees were sought. Physical therapy for the shoulders was sought. Bilateral shoulder corticosteroid injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Orthovisc Injection X3 (Bilateral Knees): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injection section.2. Clinical Utility of Ultrasound Guidance for Intra-articular Knee Injections: A Review, Berkohoff et al, March 2012. Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Knee Specific Diagnoses Knee Pain and Osteoarthritis Injections1. Viscosupplementation Injections Viscosupplementation has been used for knee osteoarthritis(15, 1253, 1279-1296) and to treat pain after arthroscopy and meniscectomy.(1297) Similar to glucocorticosteroid injections, the purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention.(1280, 1287, 1298-1301) Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications - Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAID(s), acetaminophen, weight loss, or exercise strategies. Four of six comparative trials found viscosupplementation injections superior to glucocorticosteroid injections with longer duration of benefits, so these injections may be a treatment option for osteoarthritis non-responsive to non-invasive treatments.(1284, 1302-1304) There is moderate-quality evidence that these injections are more effective in patients aged 60 to 75.(1305) Dose - Dose unclear, thus per manufacturer's recommendations. Data comparing high- vs. low-molecular weight preparations conflict, although several studies suggest that high molecular weight preparations may be superior and there was a negative trial sodium hyaluronate.(1306) Thus, there is no recommendation in favor of one product over another. Frequency/Duration - Different regimens have been used. Some data suggest one 6mL injection and evaluation of results is both an effective approach and may be superior to some other regimens.(1307, 1308) However, many providers administer 1 injection approximately every 7 to 14 days with up to 3 injections.(1287, 1309) One trial found the lateral approach inferior with less than 50% intra-articular success rates.(1310) Most trials describe aspiration of synovial fluid prior to injection. Indications for Discontinuation - A 2nd (or 3rd) injection is not generally recommended if there are adverse effects or the clinical results consist of a significant reduction or resolution of symptoms. The largest quality study suggested 8.03% of patients develop a local adverse event, with 3.2% developing an effusion and 1.5% requiring a glucocorticosteroid injection.(1311) The occurrence of an inflammatory joint reaction (sometimes called a "pseudoseptic reaction," generally treated with NSAIDs, ice, joint aspiration and evaluated with studies for infection and crystals) is considered by some to.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, intra articular knee viscosupplementation injections are recommended for treatment of moderate-to-severe knee arthritis, which is unsatisfactorily controlled with NSAIDs, Tylenol, weight loss, and/or exercise strategies. ACOEM further notes that viscosupplementation injections are superior to glucocorticosteroid injections for knee arthritis, the diagnosis reportedly present here. Contrary to what was suggested by the claims

administrator, the reports of 70 to 80% joint space narrowing on x-ray do constitute radiographic evidence of knee arthritis in this 59-year-old applicant. It is further noted that the review article on the clinical utility of ultrasound guidance for intraarticular knee injections states that the enhanced injection accuracy achieved with ultrasound guidance does improve clinical outcomes and cost effectiveness. For all of the stated reasons, then, the request is medically necessary.