

Case Number:	CM14-0063513		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2007
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old female with a reported date of injury on 08/22/2007. The injury reportedly occurred when the injured worker was stacking boxes of grapes and twisted. Her diagnoses were noted to include bilateral knee pain. Her previous treatments were noted to include acupuncture, medications, physical therapy, corticosteroid injections, and a VQ OActive brace. The progress note dated 04/07/2014 revealed the injured worker reported that the pain medications, although somewhat beneficial, had not stopped the pain and she was really getting tired of hurting. Physical examination showed the left knee was painful in the medial joint line; there was medial collateral ligament laxity and a blocked tibiofemoral rotation. There was a negative grind test. There was a positive patellar compression test and the anterior and posterior drawer testing was negative. The provider indicated the left knee viscosupplementation injections should benefit the injured worker for pain control due to the degenerative changes as she was down to 2 mm of joint in the medial compartment indicating that she had lost 2 mm of joint space due to degenerative cartilage. The request for authorization form was not submitted within the medical records. The request was for 5 viscosupplementation injections for the left knee due to degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 VISCOSUPPLEMENTATION INJECTIONS FOR THE LEFT KNEE: Upheld

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 Official Disability Guidelines (ODG), Knee and Leg, Hyaluronic acid injections.

Decision rationale: The request for 5 viscosupplementation injections for the left knee is not medically necessary. The injured worker complains of knee pain despite previous sessions of acupuncture and physical therapy. 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 treatments, to delay total knee replacement, but in recently 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 such as patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. The guideline's criteria for the use of hyaluronic acid injections is patients must experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative non-pharmacologic 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 criteria also states pain must interfere with functional activities and not attributed to other forms of joint disease. There must be failure to adequately respond to aspiration and injective intra-articular steroids and the injections are generally performed without fluoroscopic and ultrasound guidance. The repeat series of injections is if documented significant improvement in symptoms for 6 months or more and symptoms recur, it may be reasonable to do another series. There is a lack of clinical findings and documentation consistent with severe osteoarthritis to warrant a hyaluronic acid injection. Guidelines also state for repeat series of injections, if there is documented significant improvement in symptoms for 6 months or more and symptoms recur it may be reasonable to do another series. Therefore, the request is not medically necessary.