

Case Number:	CM14-0067481		
Date Assigned:	07/11/2014	Date of Injury:	11/13/1990
Decision Date:	09/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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:

This 57 year-old patient sustained an injury on 11/13/1990 while employed by [REDACTED]. Request under consideration include Hyaluronic acid injections; three (3), one (1) week apart, bilateral knees. The patient has history of 3 prior right knee surgeries (2 in 1995 and 1 in 1997) and per report of 1/3/14, the patient also is s/p arthroscopic knee surgery with tibial tubercle osteotomy with removal of hardware on right. Diagnoses include knee patellofemoral arthralgia; cervical intervertebral disc degeneration; lumbar sprain/strain; lumbago; lumbosacral intervertebral disc degeneration; osteoarthritis; elbow/forearm pain; shoulder/upper arm pain. Report of 3/24/14 from the provider noted the patient with right elbow pain rated at 6/10; bilateral knee pain rated at 7/10; shoulder pain rated at 6/10; cervical pain rated at 6/10; and lumbar pain rated at 8/10 with radiation down legs associated with numbness and tingling. Exam showed good elbow stability and range of motion; left knee with good strength, fair stability, and good range; Right knee with poor strength, fair stability, and good range of motion; effusion in right knee with patellar facet tenderness and mild medial/lateral tenderness; shoulder with good range bilaterally; cervical strength is fair with poor/fair stability and range. MRI of right knee dated 8/28/13 showed medial and patellofemoral joint space narrowing/degenerative changes with mild knee effusion, Baker's cyst and possible medial meniscus tear. Conservative care has included physical therapy, medications, activity modification/rest. The request for Hyaluronic acid injections; three (3), one (1) week apart, bilateral knees was non-certified on 5/5/14 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:

Hyaluronic acid injections; three (3), one (1) week apart, 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, Knee Chapter: 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, Hyaluronic Acid Injections, pages 311-313: Recommended as an option for osteoarthritis. 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).

Decision rationale: This 57 year-old patient sustained an injury on 11/13/1990 while employed by [REDACTED]. Request under consideration include Hyaluronic acid injections; three (3), one (1) week apart, bilateral knees. The patient has history of 3 prior right knee surgeries (2 in 1995 and 1 in 1997) and per report of 1/3/14, the patient also is s/p arthroscopic knee surgery with tibial tubercle osteotomy with removal of hardware on right. Diagnoses include knee patellofemoral arthralgia; cervical intervertebral disc degeneration; lumbar sprain/strain; lumbago; lumbosacral intervertebral disc degeneration; osteoarthritis; elbow/forearm pain; shoulder/upper arm pain. Report of 3/24/14 from the provider noted the patient with right elbow pain rated at 6/10; bilateral knee pain rated at 7/10; shoulder pain rated at 6/10; cervical pain rated at 6/10; and lumbar pain rated at 8/10 with radiation down legs associated with numbness and tingling. Exam showed good elbow stability and range of motion; left knee with good strength, fair stability, and good range; Right knee with poor strength, fair stability, and good range of motion; effusion in right knee with patellar facet tenderness and mild medial/lateral tenderness; shoulder with good range bilaterally; cervical strength is fair with poor/fair stability and range. MRI of right knee dated 8/28/13 showed medial and patellofemoral joint space narrowing/degenerative changes with mild knee effusion, Baker's cyst and possible medial meniscus tear. Conservative care has included physical therapy, medications, activity modification/rest. The request for Hyaluronic acid injections; three (3), one (1) week apart, bilateral knees was non-certified on 5/5/14. Current symptoms and objective findings are noted in the patella as confirmed by MRI of knee dated 8/28/13 with patellofemoral joint space narrowing, Baker's cyst and possible meniscal tear. 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

Hyaluronic acid injections; three (3), one (1) week apart, bilateral knees is not medically necessary and appropriate.