

Case Number:	CM13-0054860		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2001
Decision Date:	12/10/2015	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 67 year old female and has a work injury dated 5/17/01. The patient complains of bilateral knee pain (right worse than left) and left hip pain. The diagnoses include osteoarthritis of the right knee, history of bilateral knee arthroscopy, lumbar spondylosis with history of lumbar fusion, thoracic myofascial strain and bilateral carpal tunnel syndrome. There is a request for the medical necessity of 1 series of 5 Hylagan injections-right knee and 12 Physical Therapy visits for bilateral knees through [REDACTED]. There is a 9/25/13 orthopedic visit document that states that the patient complains of bilateral knee pain (right worse than left) and left hip pain when walking. The patient complaints of frequent, moderate pain in the knees that is relieved by lying down and made worse when using the stairs. She describes the pain as deep and sharp. She reports having numbness and tingling in her legs that are related to her back. She has difficulty with bathing and getting dressed. She feels that the pain is constant and not improving. Per documentation, X-rays of both knees obtained in the office at the time of visit reveal diffuse degenerative changes present and moderate collapse medially. The physical exam reveals bilateral arthroscopic knee portals and a normal heel to toe gait without assistive device. There is full bilateral hip range of motion and strength. There is a mild left varus flexion contracture of the knee. Range of motion was measured with right extension -3 degrees, left extension -5 degrees, and flexion 120 degrees bilaterally. The knees were absent of tenderness and instability. There is pseudolaxity of the left lateral collateral ligament. There is right medial joint line tenderness. There is no bilateral knee instability. There is normal strength and negative provocative testing. There is normal strength, sensation and

reflexes and neurovascular status in the BLE. The patient was reported to be taking Protonix, Lisinopril, Cymbalta, Lipitor, Zetia, Trazodone, Zantac, and Norco. The treatment plan included a discussion of a total knee replacement vs. Hylagan injections, physical therapy, aids and activity modifications. The patient wishes to pursue Hylagan injections. There is a 5/13/13 initial orthopedic consultation that states that AP, lateral views and odontoid views left knee is within normal limits. AP, lateral views and odontoid views right knee reveals generalized joint space narrowing in all compartments and slight increase in subchondral sclerosis. The patient's diagnosis on this date was bilateral patellofemoral pain syndrome. Early post traumatic arthritis right knee predominant in the patellofemoral compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 5 Hylagan Injections for the Right 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, Knee & Leg (Acute & Chronic).

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: 1 series of 5 Hyalagan injections-right knee is not medically necessary per the ODG guidelines. The MTUS is silent on hyaluronic acid injections. The ODG states that the criteria for Hyaluronic acid injections include that the patient must significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) treatments after 3 months. In addition to this, there needs to be documented symptomatic severe osteoarthritis of the knee according the American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). The criteria also state that pain must interfere with functional activities, the patient has failed to respond to aspiration and injection of intra-articular steroids; injections are performed without fluoroscopic or ultrasound guidance; patients are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. The documentation does not indicate that the patient meets the definition of severe osteoarthritis of the knee according to the American College of Rheumatology which requires 5 out of the 9 ACR signs as stated above. Furthermore, the request was written in conjunction with a request for physical therapy of the knees which patient has not tried yet and therefore it is not possible to assess if she has responded adequately to this conservative therapy prior to giving injections. The request for 1 series of 5 Hylagan injections-right knee is not medically necessary.

12 Physical Therapy Visits 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, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Medicine Treatment.

Decision rationale: 12 Physical Therapy visits for bilateral knees through [REDACTED] is not medically necessary as written. The MTUS recommends physical therapy and for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home program. The ODG gives more specific details of number of visits for a particular condition. The ODG states 9 visits for knee arthritis is appropriate. The request for 12 physical therapy visits for the bilateral knees would exceed this limit and therefore is not medically necessary.