

Case Number:	CM14-0193142		
Date Assigned:	11/26/2014	Date of Injury:	07/22/2009
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family 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:

This 51-year old associate preschool teacher reported injuries to both knees, as well as to her right foot, ankle, hip, pelvis, shoulder, arm, elbow, wrist and hand due to a fall which occurred on 7/22/09. Subsequently she also reported injuries to her neck and low back. Treatment has included medications, physical therapy, injections to the right knee and wrist, right shoulder surgery, right knee patellofemoral arthroplasty, cervical epidural steroid injections, and Synvisc injections to her left knee. According to the patient, she has gained at least 100 pounds since her injury occurred, and now weighs about 280 pounds. A 9/18/14 progress note from the treating orthopedist documents ongoing pain in the patient's left knee and no pain in the right knee. Her left knee exam findings include an antalgic gait, 1+ effusion, medial and lateral joint line tenderness at the patellofemoral joint, and crepitus. Range of motion is 0 to 90 degrees with pain. The right knee is noted as having no tenderness or instability. X-ray findings are documented as degenerative changes/osteoarthritis. The plan includes requesting an orthotic for the right knee and appealing the denial of Orthovisc injections for the left knee. . No rationale was given for requesting the orthotic. The records contain an appeal letter from the treating surgeon also dated 9/18/14. It states that the patient had good response to Orthovisc injections administered the year before, that she is on multiple medications for inflammation and pain. and that she may not be a candidate for knee arthroplasty due to her weight. The records contain a 10/23/14 follow-up questionnaire which documents that the patient is feeling the same but also that she is 20% improved, and that she received an injection at the previous visit, which was helpful. It is not clear what injection was administered. Although the notes themselves are not contained in the record, the record does contain a QME report dated 8/15/14 which discusses the contents of multiple previous notes written by the treating orthopedist. On 2/7/13 the orthopedist documented the patient as having tricompartmental arthritis of the knee. The patient received

Synvisc injections on 4/9/13, 4/16/13, and 4/23/13. The patient's pain was reported as unimproved initially. A 7/23/13 note stated that Synvisc helped but the patient was still having pain. On 9/12/13 the orthopedist began a series of three cortisone injections to the knee due to the patient's constant pain. A fourth cortisone injection was performed 1/7/14. The patient continued to have left greater than right knee pain, and by 4/24/14 the orthopedist requested Orthovisc injections for the left knee. The request for Orthovisc injection was denied in UR on 5/5/14. As stated above, the orthopedist appealed this decision and again requested Orthovisc injections to the left knee, as well as a patellar stabilizer brace for the right knee. These requests were denied in UR on 11/16/14 on the basis that Official Disability Guidelines (ODG) criteria for repeat injections (documented symptomatic and functional improvement for at least 6 months) were not met, and that neither MTUS nor ODG criteria were met for the use of a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patella stabilizer brace for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Brace

Decision rationale: The ACOEM guidelines cited above state that braces can be used for patellar instability, ACL tear, or MCL instability. A brace would usually be needed if the patient will be stressing the knee under load, such as climbing or carrying. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Knee braces are recommended for a short-term immobilization after an acute injury or for functional bracing as part of a rehab program. Prophylactic bracing is not recommended. The ODG reference states that valgus knee braces are recommended for osteoarthritis of the medial compartment. There are no high quality studies which support or refute the use of knee braces for patellar instability, ACL tear, or MCL instability. In all cases, braces need to be used in conjunction with a rehabilitation program. Knee braces are indicated for patients with osteoarthritis only if the arthritis is unicompartmental. The clinical documentation in this case does not support the provision of a patellar stabilizer brace to this patient. The patient currently has no documented symptoms, tenderness or instability of the right knee. She does not have any of the indications for a knee brace described above. (She has tricompartmental arthritis, not unicompartmental.) She does not climb or carry loads, and it appears that she actually spends very little time on her feet. She is not involved in a rehabilitation program. Based on the evidence-based citations above and on the clinical information made available to me, a patellar stabilizer brace is not medically necessary. It is not medically necessary because the patient has no pain, tenderness or instability of the right knee, because she does not have a diagnosis that is likely to benefit from use of a brace, because she is not climbing or carrying heavy weight, and because she is not involved in a rehabilitation program.

Orthovisc injections using ultrasound guidance (1 injection per week for 3 weeks to the left knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter, criteria for Hyaluronic acid Injections

Decision rationale: Orthovisc is brand-name hyaluronic acid, which is also called hyaluronate. This treatment is also called viscosupplementation. The MTUS citation above states that therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The ODG reference cited above states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. A recent meta-analysis on 89 randomized trials, which included over 12,500 patients, concluded that hyaluronic acid injections produced minimal or nonexistent effects on pain and function in patients with knee osteoarthritis, but did increase the risks for serious adverse events and local adverse reactions. The criteria for hyaluronic acid knee injections include that the patient must be experiencing significant symptomatic osteoarthritis, which has not responded adequately to conservative non-pharmacologic measures (e.g. exercise), and pharmacologic treatments, or are intolerant of these therapies (e.g. gastrointestinal problems related to anti-inflammatory medications), after 3 months. The patient must have documented severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion; with less than 30 minutes of morning stiffness and no palpable warmth of synovium; and age over 50. The pain must interfere with functional activities such as walking and prolonged standing, and must not be attributable to other joint disease. There must be failure to adequately respond to aspiration and injection of intra-articular steroids. The patient should not be a current candidate for total knee replacement or have failed previous knee surgery for arthritis. It may be reasonable to repeat a series of injections if there is documentation of significant improvement in symptoms for 6 months or more. The clinical documentation in this case does not support the performance of repeat hyaluronic acid injections. The treating surgeon's statements to the contrary, the documentation shows that this patient did not have a good response to her previous 3 injections of hyaluronic acid. The surgeon's notes document no initial response to the first two injections, and a note dated three months after the third injection states that Synvisc helped but the patient was still having pain. He embarked on a series of four cortisone injections to the same knee beginning about 5 months after the first Synvisc injection. In addition, the patient's functional

status did not improve at all as a result of the injections. She has remained off work, with a lifting restriction of five pounds. This is not significant improvement for 6 months or more, or functional recovery by any definition. Based on the evidence-based citations above and the clinical documentation provided for my review, Orthovisc injections one per week for three weeks are not medically necessary. They are not medically necessary because the previously performed series of three hyaluronic acid injections did not result in significant symptomatic or functional recovery, and therefore criteria for repeat injections have not been met.