

Case Number:	CM14-0195942		
Date Assigned:	12/03/2014	Date of Injury:	09/03/2008
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 case involves a 41 year old man who sustained an industrial injury on 9/3/2008. The mechanism of injury is described after the injured worker fell 15-18 feet from scaffolding landing on his left ankle and buttock, resulting in left ankle and low back injuries. Evaluations have included left ankle MRI; arthroscopic surgery to the left ankle in 2009; EMG/NCS; and lumbar spine MRI which showed a bulging disc at L5-S1 with nerve root impingement, S1 nerve root on the left. Treatment has included oral medications, neurosurgical consultation, pain management specialists, and facet and median nerve blocks of L3-L4, L4-L5, and L5-S1, aquatic therapy, cognitive behavioral therapy, and orthopedic surgeon care after surgical procedures. The worker is currently using a cane to assist with ambulation and is working part-time; however, was not able to return to his previous occupation. Per physician notes from 9/23/2014, the worker is experiencing significant pain and stiffness in his left ankle, and his back on a regular basis despite the above treatment modalities. Per a chart review performed on 9/26/2014, recommendations included Hyalgan injections x 5, orthotics, and topical medications if needed. On 10/27/2014, Utilization Review evaluated a prescription for Hyalgan injection x 5 to the left ankle. The UR decision submitted did not include the rationale for denial. Nonetheless, the request was submitted for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection x 5, left ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid injections,
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>

Decision rationale: According to Official Disability Guidelines (ODG), Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (i.e., exercise, non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. See Recent Research below. 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). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Compared with lower-molecular-weight hyaluronic acid, this study concluded that the highest-molecular-weight hyaluronic acid may be more efficacious in treating knee osteoarthritis (OA). These more recent studies did not. The response to hyaluronan/hylan products appears more durable than intra-articular corticosteroids in treatment of knee osteoarthritis. Viscosupplementation is an effective treatment for OA of the knee with beneficial effects: on pain, function and patient global assessment; and at different post injection periods but especially at the 5 to 13 week post injection period. Within the constraints of the trial designs employed no major safety issues were detected. Intra-articular viscosupplementation was moderately effective in relieving knee pain in patients with osteoarthritis at 5 to 7 and 8 to 10 weeks after the last injection but not at 15 to 22 weeks. This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. Patients with moderate to severe pain associated with knee OA that is not responding to oral therapy can be treated with intra-articular injections. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs. injections of corticosteroids. Treatment with hylan or hyaluronic acids is thought to restore synovial fluid viscoelasticity, which is depleted in patients with OA. Hyaluronic acids were modified to form high molecular weight hylans, to increase viscosity and decrease clearance from the joint. Data of the literature demonstrate that hylan GF-20 is a safe and effective treatment for decreasing pain and improving function in patients suffering from knee osteoarthritis. In one trial comparing the clinical effectiveness, functional outcome and patient satisfaction following intra articular injection with two viscosupplementation agents - Hylan G-F-20 and Sodium Hyaluronate in patients with OA of the knee, both treatments offered significant pain reduction, but it was achieved earlier and sustained for a longer period with

Hylan G-F 20. From this study, it appeared that the clinical effectiveness and general patient satisfaction are better amongst patients who received Hylan G-F 20, although the numbers of treatment related adverse events were higher (39 vs. 30) in the Hylan G-F 20 group. As with all injections, care must be given to watch for any possible adverse events, and particularly with the use of Hylan over Hyaluronic acid. On 02/26/09 the Food and Drug Administration (FDA) granted marketing approval for Synvisc-One (hylan G-F 20), a product intended for the relief of pain associated of the knee. Synvisc-One is the only single-injection viscosupplement approved for the treatment of OA knee pain in the [REDACTED], from [REDACTED]. (FDA, 2009) A meta-analysis of clinical trials concluded that, from baseline to week 4, intra-articular corticosteroids appear to be relatively more effective for pain than intra-articular hyaluronic acid, but by week 4, the 2 approaches have equal efficacy, and beyond week 8, hyaluronic acid has greater efficacy. (Bannuru, 2009) In patients who are candidates for TKR, the need for TKR can be delayed with hyaluronic acid injections. (Waddell, 2007) In this case, there is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. Therefore, this request is not medically necessary.