MAXIMUS Federal Services

Case Number:	CM15-0106582		
Date Assigned:	06/10/2015	Date of Injury:	01/08/2013
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male sustained an industrial injury to the right knee on 1/8/13. The injured worker later developed low back pain. Magnetic resonance imaging right knee (2/1/13) showed a small osteochondral defect with a small joint effusion, mild synovitis and a moderate to large Baker's cyst. Previous treatment included magnetic resonance imaging, right knee arthroscopic synovectomy (5/9/13), physical therapy (24 sessions), chiropractic therapy (10 sessions), injections, transcutaneous electrical nerve stimulator unit and medications. In a visit note dated 5/7/15, the injured worker complained of right knee pain rated 8/10 on the visual analog scale without medications and 4/10 with medications. Physical exam was remarkable for lumbar spine with tenderness to palpation, tight muscle band, positive FABER test and positive bilateral lumbar facet loading and right knee with tenderness to palpation over the joint lines with effusion and crepitus upon active movement. Current diagnoses included low back pain and knee pain. The treatment plan included appealing a series of three right knee Viscosupplementation injections and continuing Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee hyaluronic acid viscosupplementation injection series of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 05/05/15) - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: Based on the 05/07/15 progress report provided by treating physician, the patient presents with right knee pain. the patient is status post arthroscopic synovectomy, chondral drilling of the trochlear groove and femoral condyle for grade III chondromalacia, 05/09/13 and right knee surgery October 2014. The request is for right knee hyaluronic acid viscosupplementation injection series of 3. Patient's diagnosis per Request for Authorization form dated 05/07/15 includes knee pain and low back pain. Physical examination to the right knee on 05/07/15 revealed surgical scars and tenderness to palpation over the lateral and medial joint lines. Crepitus and 1+ effusion in the joint. Per 05/07/15 report, right knee MRI dated 02/01/13 revealed likely small osteochondral defect in medial trochlea. Patellar articular cartilage is intact. Small joint effusion with mild synovitis and small medial plica. Moderate to large Baker's cyst. Treatment to date has included surgeries, imaging studies, physical theray, chiropractic, injections, TENS and medications. Patient's medications include Diclofenac Sodium. The patient is currently working full-time, per 05/07/15 report. Treatment reports were provided from 10/17/14 - 05/07/15. The MTUS Guidelines do not discuss Synvisc (hyaluronic acid) knee injections. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such aschondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso- phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per 05/07/15 report, treater states the patient has failed conservative therapy, steroid injections, has documented DJD and is not a surgical candidate. Goal is pain reduction with work. In this case, the patient suffers from knee pain but has not been diagnosed with osteoarthritis, for which the injections are generally indicated. Patient's right knee surgery in 2013 was for the diagnosis of grade III chondromalacia. MRI findings do not show evidence of osteoarthritis. ODG guidelines state that there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). This request does not meet guideline indications for the procedure. Therefore, the request IS NOT medically necessary.