

Case Number:	CM15-0188170		
Date Assigned:	09/30/2015	Date of Injury:	05/30/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on 5-30-2014. She reported a right knee injury from a fall. Diagnoses include right knee meniscal tear, chondromalacia with arthritis, and status post right knee arthroscopy on 3-11-15. Treatments to date include activity modification, knee brace, anti-inflammatory, NSIAD, and Tylenol #3, as well as physical therapy. Currently, she complained of her right knee giving out on her three weeks prior causing a fall. The pain was rated 8 out of 10 VAS. On 9-3-15, the physical examination documented the range of the right knee was documented 0-110 degrees, with joint line tenderness and trace knee effusion with decreased sensation of the right lower extremity. The plan of care included viscosupplementation to the right knee. The appeal requested authorization of 5 right knee viscosupplementation injections under ultrasound guidance (series of 5 utilizing Hyalgan). The Utilization Review dated 9-9-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee viscosupplementation injections under ultrasound guidance, series of 5 utilizing Hyalgan: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings are noted for diagnosis of arthritic chondromalacia of the right knee. 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 intra-articular Hyaluronic acid injections as an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Additionally, Hyaluronic injections may be indicated for osteoarthritis of the knee, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Submitted reports have not demonstrated clear supportive findings for the injection request, failed conservative treatment trial including previous cortisone injections if any, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Right knee viscosupplementation injections under ultrasound guidance, series of 5 utilizing Hyalgan is not medically necessary and appropriate.