

Case Number:	CM15-0188519		
Date Assigned:	09/30/2015	Date of Injury:	12/30/1976
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 68 year old male, who sustained an industrial-work injury on 12-30-76. A review of the medical records indicates that the injured worker is undergoing treatment for end stage traumatic osteoarthritis of the bilateral knees. He reports popping, locking and pain in both knees. He also reports the pain rating up to 9 out of 10 on the pain scale. Medical records dated 7-17-15 indicate that the injured worker complains of bilateral knee pain. The medical records also indicate worsening of the activities of daily living due to pain. The injured worker is retired. The physical exam dated 7-17-15 reveals the right knee lacks about 3 or 4 degrees of full extension and can flex to about 110 degrees. The exam of the left knee shows a small effusion. He lacks about 5 degrees of full extension and can flex to about 120 degrees. There is medial joint line tenderness and there is varus alignment of the left knee. The physician indicates that he talked to the injured worker about conservative measures, but because of his age and the severe nature of the X-rays he recommends that the injured worker consider knee replacements. Treatment to date has included pain medication (current medications not listed), right knee surgery in the 1970's, physical therapy (unknown amount) and other modalities. The X-Ray of bilateral knees dated 7-17-15 reveals significant osteoarthritis in both knees in all 3 compartments but worse in the lateral compartment of the right knee where it is bone on bone and the medial compartment of the left knee where it is bone on bone. There are calcifications in the distal femur and proximal tibia. The requested service included Visco-Supplementation (Hyalgan) Injection 1xWeek for 5Weeks for the Bilateral Knees. The original Utilization review

dated 9-8-15 non-certified the request for Visco-Supplementation (Hyalgan) Injection 1xWk x 5Wks for the Bilateral Knees as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco-Supplementation (Hyalgan) Injection 1xWk x 5Wks for the 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 (ODG), Knee and Leg (Acute & Chronic), Hyalgan (R) (hyaluronate); Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid Injections.

Decision rationale: The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "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. 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)." Criteria for Hyaluronic acid injections:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids;- Generally performed without fluoroscopic or ultrasound guidance;- 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. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above.- Hyaluronic acid injections are not recommended for any other indications such as chondromalacia 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 the medical records, there was no documentation that the injured worker had failed to respond to aspiration and injection of intra-articular steroids. The request is not medically necessary.

