

Case Number:	CM15-0211569		
Date Assigned:	10/30/2015	Date of Injury:	09/30/2008
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male who sustained an industrial injury on 9-30-08. A review of the medical records submitted indicates that the worker is undergoing treatment for lumbar spine radiculopathy, status post fusion L2 through S1, bilateral knee tendonitis, status post left knee anterior cruciate ligament repair, cervical sprain, cervical radiculopathy, bilateral shoulder impingement, and status post left calcaneal spur excision nonindustrial. Electrodiagnostic studies on 9-16-15 reveal abnormal study consistent with bilateral C6 radiculopathy and bilateral L5, S1 radiculopathy. Subjective complaints on 4-2-15 include neck and lower back pain, bilateral knee pain, and bilateral shoulder pain, difficulty with daily activities, difficulty with prolonged sitting, standing, walking, lifting, pushing and pulling, and sleeping due to pain and discomfort. The worker reports pain is worsening and is considering additional surgery to the left knee. The note of 5-14-15 indicates that the left knee was injected with Synvisc-one as a one- time injection. He uses bilateral knee braces to help in ambulation. There is loss of motor strength over the bilateral knees graded at 4 out of 5 with medial and lateral joint line tenderness and patellar crepitus. Previous treatment includes left knee Synvisc - One injection (5-14-15), hanger knee brace, electrical stimulation, and medication. The Utilization Review on 10-09-15 noncertified the requested treatment of Synvisc injections x3 for the left knee, the right knee unloader brace was non-certified and left knee unloader brace was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x 3 for left knee: 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) Knee, Hyaluronic acid injections and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Volume 4, Lower Extremity Disorder, Viscosupplementation injections, page 687.

Decision rationale: The ODG criteria for use of Viscosupplementation injections such as Orthovisc include failed non-pharmacologic and pharmacologic treatment and failure to respond adequately to injections of intra-articular steroids. They are not recommended for chondromalacia patella or patellofemoral arthritis. The ACOEM Practice Guideline (3rd Edition) notes that Viscosupplementation injections are indicated for moderate to severe knee osteoarthritis that is unsatisfactorily controlled with anti-inflammatory medication, acetaminophen, weight loss or exercise strategies. ODG 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, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case the medical records do not provide any evidence for previous corticosteroid injections as noted in the above criteria. Since he has not met the recommended criteria, the request for Synvisc injections x3 for the left knees is not medically necessary.

Bilateral unloader braces: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Unloader braces for the knee.

Decision rationale: The MTUS does recommend functional bracing as part of a rehab program but does not specifically address unloader braces. The ODG guidelines note that unloader braces for the knee are recommended. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. (Gravlee, 2007) When an unloader brace was used with the BionCare stimulator and compared to the BionCare only treatment, more patients achieved significant clinical improvement, at least 20%, with the unloader plus stimulator treatment than with stimulator-only treatment. (Hungerford, 2013) See also BionCare knee device. In this case the medical records indicate that the left unloader brace was certified. There is documentation of right tricompartmental osteoarthritis with x-rays documenting decreased medial joint space. A trial of an unloader brace for the right knee as well seems appropriate based on the above guidelines. The request for bilateral unloader braces is medically necessary.