MAXIMUS Federal Services

Case Number:	CM15-0032125		
Date Assigned:	02/25/2015	Date of Injury:	12/09/2010
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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 58-year-old woman sustained an industrial injury on 12/9/2010. The mechanism of injury was not detailed. Current diagnoses include cervical spine myoligamentous sprain/strain, lumbar spine myoligamentous sprain/strain, lumbar degenerative disc disease, bilateral shoulder rotator cuff sprain, chronic pain syndrome, early degenerative joint disease for the right knee, and early degenerative joint disease with possible loose body of the left knee. Treatment has included oral medications, physical therapy, exercises, and use of a cane and walker. Physician notes dated 12/3/2014 show complaints of severe bilateral knee pain. Recommendations include psychiatric/psychologic consultation, bilateral knee injections as listed, and follow up in four weeks. On 1/22/2015, Utilization Review evaluated prescriptions for hyaluronate visco supplementation injection to the bilateral knees and Monovosc injection to the bilateral knees, that was submitted on 2/20/2015. The UR physician noted that on a previous review, more information was requested including procedure notes, follow up notes, total number of injections administered, diagnostic reports, and physical therapy notes. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronate viscossupplementation injection, bilateral knees Qty: 2: 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, Hyraluronic acid injections.

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, Hyaluronic acid injections.

Decision rationale: Per the 01/07/15 report the patient presents with bilateral knee pain. The current request is for HYALURONATE VISCOSSUPPLEMENTATION INJECTION, BILATERAL KNEES QTY 2. The RFA is not included; however, the 01/22/14 utilization review states the request was received 01/13/15. The patient is Temporarily Totally Disabled as of 02/13/15. MTUS is silent on Orthovisc injections. ODG Knee & Leg (Acute & Chronic) guidelines state 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. Criteria include: documented symptomatic severe osteoarthritis of the knee which may include: Bony enlargement, Bony tenderness, Crepitus and failure to adequately respond to aspiration and injection of intra-articular steroids. ODG further states it is not recommended for chondromalacia patellae or patellofemoral arthritis. The treating physician cites findings of 06/18/13 MRI's showing right knee degenerative fraying of the lateral meniscus and of the left knee showing chondromalacia of the patellae along with a loose body in the anterior compartment. The patient's listed diagnoses include: Early DJD right knee and Early DJD left knee with possible loose body. The reports state this request is for severe pain in the bilateral knees following 6 months of conservative treatment in order to avoid knee surgery. In this case, while the patient has diagnoses of early DJD in the bilateral knees, severe osteoarthritis has not been documented as required by ODG criteria above. Furthermore, cited MRI findings for the left knee are for chondromalacia of the patella and ODG states the request is not recommended for Chondromalacia patellae or patellofemoral arthritis. In this case, the request IS NOT medically necessary.

Monovisc injection, bilateral knees Qty: 2: 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, 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 Knee & Leg (Acute & Chronic)chapter, Hyaluronic acid injections.

Decision rationale: Per the 01/07/15 report the patient presents with bilateral knee pain. The current request is for MONOVISC INJECTION, BILATERAL KNEES QTY 2 per the 01/22/15

RFA. The patient is Temporarily Totally Disabled as of 02/13/15. MTUS is silent on Orthovisc injections. ODG Knee & Leg (Acute & Chronic) guidelines state 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. Criteria include: documented symptomatic severe osteoarthritis of the knee which may include: Bony enlargement, Bony tenderness, Crepitus and failure to adequately respond to aspiration and injection of intra-articular steroids. ODG further states it is not recommended for chondromalacia patellae or patellofemoral arthritis. The treating physician cites findings of 06/18/13 MRI's showing right knee degenerative fraying of the lateral meniscus and of the left knee showing chondromalacia of the patellae along with a loose body in the anterior compartment. The patient's listed diagnoses include: Early DJD right knee and Early DJD left knee with possible loose body. The reports state this request is for severe pain in the bilateral knees following 6 months of conservative treatment in order to avoid knee surgery. In this case, while the patient has diagnosis of early DJD in the bilateral knees, severe osteoarthritis has not been documented as required by ODG criteria above. Furthermore, cited MRI findings for the left knee are for chondromalacia of the patella and ODG states the request is not recommended for Chondromalacia patellae or patellofemoral arthritis. In this case, the request IS NOT medically necessary.