

<b>Case Number:</b>	CM15-0056440		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 38 year old male/female, who sustained a work/ industrial injury on 1/5/11. She has reported initial symptoms of left knee pain. The injured worker was diagnosed as having left anterior knee pain, left hip trochanteric bursitis, and lumbar spine pain. Treatments to date included medication, diagnostics, and steroid injection to the left hip. Magnetic Resonance Imaging (MRI) was performed on 5/29/13 and 1/26/15. X-ray's were performed on 5/29/13. Currently, the injured worker complains of left hip and knee pain with radiation to the lumbar spine. The treating physician's report (PR-2) from 2/12/12 indicated Pain was rated at 6/10 in severity. The pain had improved to the left hip due to steroid injection two weeks prior. Magnetic Resonance Imaging (MRI) reports mild hyperlordosis, mild degenerative disc disease, and mild degenerative joint disease, L4-5 posterior disc protrusion, mild spinal stenosis, and new impingement of the left L5 nerve root, L5-S1 posterior disc bulge with spinal stenosis and impingement of the S1 nerve root. Treatment plan included Visco injection to the Left Knee and Office Visit Follow-Up for Visco Injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Visco injection to the Left Knee QTY: 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

**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:** The patient presents with LEFT knee and left hip pain radiating to lumbar region rated at 6/10. The request is for Visco Injection To The Left Knee Qty: 5. The request for authorization is dated 02/12/15. MRI of the LEFT knee, 05/29/13, shows mild osteoarthritis; minimal medial meniscal tear extending through the inferior surface of the body; and patellar teninopathy, actual study not provided. MRI of the lumbar spine, 01/26/15, shows L4/L5 posterior disc protrusion measuring 4mm, mild to moderate spinal stenosis, and impingement of the left L5 nerve root at the left lateral recess. X-rays of the lumbar spine, A-P pelvis and LEFT knee, 11/25/14, shows normal study. The patient had a corticosteroid injection over the posterior aspect of the left hip near the piriformis musculature and reports improvement of pain over this region. Range of motion of the LEFT knee, the patient maintained an active extension to 0 degrees and flexion to 120 degrees. The patient is mildly tender to palpation over the medial tibiofemoral joint space, as well as over the insertion near the patellar tendon. McMurray;s test is negative. Anterior and posterior drawer tests is negative. The patient has had 3 sessions of chiropractic treatment and modalities, with several sessions remaining, and feels these have been beneficial to her overall functional capacity. The patient's medication include Ibuprofen. The patient is temporarily totally disabled. 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. ODG further states that this study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Per progress report dated, 02/12/15, treater's reason for the request is "the patient will require weekly injections to the left knee per the diagnosis of osteoarthritis on the MRI dated 05/29/2013, as well as her continued subjective pain. It is felt that this intervention will improve the patient's overall functional capacity as she undergoes her activities of daily living." In this case, diagnosis of the patient and MRI of the LEFT knee include osteoarthritis, and review of medical records do not show prior visco injections. Given the patient's condition, it appears a series of visco injections is indicated. However, the request is for a series of 5 injections, and ODG states that there is no difference between 3 or 6 consecutive injections. While a series of 3 injections would be reasonable, there is no guideline support for the requested series of 5 injections. Therefore, the request IS NOT medically necessary.

**Office Visit Follow-Up for Visco Injections QTY: 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**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:** The patient presents with LEFT knee and left hip pain radiating to lumbar region rated at 6/10. The request is for Office Visit Follow-Up For Visco Injections Qty: 5. The request for authorization is dated 02/12/15. MRI of the LEFT knee, 05/29/13, shows mild osteoarthritis; minimal medial meniscal tear extending through the inferior surface of the body; and patellar teninopathy, actual study not provided. MRI of the lumbar spine, 01/26/15, shows L4/L5 posterior disc protrusion measuring 4mm, mild to moderate spinal stenosis, and impingement of the left L5 nerve root at the left lateral recess. X-rays of the lumbar spine, A-P pelvis and LEFT knee, 11/25/14, shows normal study. The patient had a corticosteroid injection over the posterior aspect of the left hip near the piriformis musculature and reports improvement of pain over this region. Range of motion of the LEFT knee, the patient maintained an active extension to 0 degrees and flexion to 120 degrees. The patient is mildly tender to palpation over the medial tibiofemoral joint space, as well as over the insertion near the patellar tendon. McMurray;s test is negative. Anterior and posterior drawer tests is negative. The patient has had 3 sessions of chiropractic treatment and modalities, with several sessions remaining, and feels these have been beneficial to her overall functional capacity. The patient's medication include Ibuprofen. The patient is temporarily totally disabled.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. ODG further states that this study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Per progress report dated, 02/12/15, treater's reason for the request is "the patient will require weekly injections to the left knee per the diagnosis of osteoarthritis on the MRI dated 05/29/2013, as well as her continued subjective pain. It is felt that this intervention will improve the patient's overall functional capacity as she undergoes her activities of daily living." In this case, diagnosis of the patient and MRI of the LEFT knee include osteoarthritis, and review of medical records do not show prior visco injections. In this case, the treater's request for office visit follow-up is to continue the series of visco injections. However, the series of 5 visco injections is not authorized. Therefore, the request IS NOT medically necessary.