MAXIMUS Federal Services

Case Number:	CM15-0085053		
Date Assigned:	05/07/2015	Date of Injury:	06/01/2011
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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, 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 54-year-old male, who sustained an industrial injury on June 1, 2011. The injured worker was diagnosed as having bilateral knee osteoarthritis, sciatica, internal derangement of knee, chondromalacia patella, tear of medial cartilage or meniscus tear, lumbar spinal stenosis, displacement of lumbar intervertebral disc, lumbar degenerative disc disease, lumbar sprain/strain, and impingement syndrome. Treatment to date has included Synvisc injections, left knee surgery, x-rays, physical therapy, MRIs, and medication. Currently, the injured worker complains of increased amount of tightness and pain in the left knee, and right knee pain. The Treating Physician's report dated April 8, 2015, noted the injured worker was present for the first of three Synvisc injections in his right knee. The injured worker was noted to have reported a slight improvement in the left knee after injections in his left knee. The physical examination was noted to show the right knee with mild joint effusion and tenderness to palpation about the medial and lateral joint lines and the distal insertion of the patellar tendon. Slight crepitus was noted on range of motion (ROM) testing of the right knee. Examination of the left knee revealed a moderate effusion with tenderness to palpation about the medial and lateral joint lines as well as the distal insertion of the patellar tendon and a positive patellar grind test. Both knees were visualized under ultrasound guidance, with the right knee injected with Synvisc under ultrasound guidance. The treatment plan was noted to include follow up in one week for the second of three Synvisc injections in the right knee, with ice, elevation and compression of the left knee, and instruction to take the anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

US (ultrasound) diagnostic, Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Ultrasound Diagnostic.

Decision rationale: The ODG Knee and Leg Chapter states the following regarding diagnostic ultrasound: "Ultrasound guidance for knee joint injections is not generally either recommended or not recommended, but it should not be a substitute for lack of clinical skill or experience, so injections can be done by less qualified personnel. Some areas are difficult to hit with an injection, such as SI joints or pancreatic ducts, but knee injections should not generally require ultrasound guidance. See also Corticosteroid injections."In the case of this worker, there is no clear cut documentation of why ultrasound was utilized in this case. Guidelines specify that knee injections do not typically require ultrasound guidance and therefore without any identification of an extenuating circumstance, this request is not medically necessary.

Synvisc injection, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter (Acute & Chronic).

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

Decision rationale: Regarding the request for viscosupplementation, neither the CA MTUS nor the ACOEM Practice Guidelines provide guidelines regarding the use of hyaluronic acid injections. The ODG state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Specificallly the following criteria are stated: "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less

than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm3); 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) 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."Within the documentation available for review, the requesting physician has not documented failed conservative treatment including a steroid injection in the right knee and the outcome of this. As such, the current request is not medically necessary.