

Case Number:	CM15-0241059		
Date Assigned:	12/18/2015	Date of Injury:	08/13/2009
Decision Date:	01/28/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/10/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] employee who has a filed a claim for chronic knee pain reportedly associated with an industrial injury of August 13, 2009. In a Utilization Review report dated November 13, 2015, the claims administrator failed to approve a request for four (4) ultrasound-guided Hyalgan (viscosupplementation) injections of the bilateral knees. An RFA form received on November 6, 2015 was cited in the determination. An October 12, 2015 office visit was also cited in the determination. The applicant's attorney subsequently appealed. On an RFA form dated September 14, 2015, 4 Hyalgan injections were proposed. On an associated office visit dated September 14, 2015, the applicant was described as having issues with left knee degenerative joint disease status post earlier knee arthroscopy in October 2010 and chronic right knee pain status post 2 arthroscopies in 2010 and 2014. The applicant had received multiple Hyalgan injections over the course of claim, the attending provider reported. Further ultrasound-guided Hyalgan injections were proposed while the applicant was placed off of work, on total temporary disability. Norco, Naprosyn, Prilosec, and Flexeril were all seemingly endorsed. Popping and giving way about the injured knees was reported. The applicant's response to earlier Hyalgan injections was not clearly described or characterized. On an RFA form dated October 12, 2015, Norco was renewed, seemingly without much in the way of supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections, bilateral knees, Qty 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687 Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications - Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies. Four of six comparative trials found viscosupplementation injections superior to glucocorticosteroid injections with longer duration of benefits, so these injections may be a treatment option for osteoarthritis non-responsive to non-invasive treatments. 1284, 1302-1304 There is moderate-quality evidence that these injections are more effective in patients aged 60 to 75.

Decision rationale: No, the request for Hyalgan (viscosupplementation) injections-quantity: 4- was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the Hyalgan (viscosupplementation) injections in question are "not routinely indicated." While the Third Edition ACOEM Guidelines Knee Disorders Chapter acknowledges that intraarticular viscosupplementation (Hyalgan) injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, here, however, the attending provider's September 14, 2015 office visit did not establish clear, compelling radiographic or clinical-evidence of moderate-to-severe knee osteoarthritis for which the Hyalgan (viscosupplementation) injections could be considered. ACOEM further notes that viscosupplementation injections are most effective for applicants aged 60-75. Here, the applicant was 49 years of age as of the date of request. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as of the date of the request, September 14, 2015. The applicant remained dependent on opioid agents such as Norco, the attending provider acknowledged on that date. The attending provider's September 14, 2015 office visit failed to incorporate any discussion of whether or not the previous Hyalgan injections performed earlier 2015 were or were not effective. All of the foregoing, however, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior Hyalgan (viscosupplementation) injections over the course of the claim. Therefore, the request for repeat viscosupplementation (Hyalgan) injections was not medically necessary.

Ultrasound guidance (for Hyalgan injections, bilateral knees, Qty 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687 Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications - Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies. Four of six comparative trials found viscosupplementation injections superior to glucocorticosteroid injections with longer duration of benefits, so these injections may be a treatment option for osteoarthritis non-responsive to non-invasive treatments.1284, 1302-1304 There is moderate-quality evidence that these injections are more effective in patients aged 60 to 75.

Decision rationale: Similarly, the request for ultrasound guidance for Hyalgan injections was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for Hyalgan injections above, in question #1. Since that request was deemed not medically necessary above, in question #1, the derivative or companion request for associated ultrasound guidance was likewise not indicated. Therefore, the request was not medically necessary.