

Case Number:	CM15-0008503		
Date Assigned:	01/26/2015	Date of Injury:	09/18/2009
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/14/2015

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: Internal 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 52 year old female, who sustained an industrial injury on September 18, 2009. The diagnoses have included degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Treatment to date has included medications, weight loss program, right knee replacement, cortisone injection and DepoMedrol injection. Currently, the injured worker complains of left knee pain. She reported pain with twisting and pivoting in the left knee. On examination of the left knee the injured worker had healed portal sites and moderate effusion. There was moderate soft tissue swelling and medially and the medial joint line was tender to palpation. There was no tenderness over the lateral joint line. A McMurray sign was positive medially and negative laterally. There was pain on terminal knee flexion and terminal knee extension. The strength was reported as 4/5 in the quadriceps and 5/5 in the hamstrings. On January 14, 2015 Utilization Review non-certified a request for a series of ultra-sound guided orthovisc injections, once weekly for three weeks to the left knee, noting that there is no documentation stating that the injured worker has severe osteoarthritis in the left knee. The Official Disability Guidelines were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of series of ultra-sound guided orthovisc injections, once weekly for three weeks to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections, once weekly, left knee: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Hyaluronic acid injections, Hyalgan[®] (hyaluronate), Orthovisc (hyaluronan) ACOEM 3rd Edition. Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503. Table 2. Summary of Recommendations for Managing Knee Disorders. <http://www.guideline.gov/content.aspx?id=36632>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. Official Disability Guidelines (ODG) states that 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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). 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. Hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. The orthopedic report dated 12-22-2014 documented pain with twisting and pivoting in the left knee. Physical examination of the left knee was documented. Moderate effusion was noted. Moderate soft tissue swelling medially was noted. Tender over the medial joint line was noted. No tenderness over the lateral joint line was noted. Range of motion was 0 to 140 degrees. Positive McMurray medially was noted. Negative McMurray laterally was noted. Pain on terminal knee flexion was noted. Pain on terminal knee extension was noted. Strength was 4/5 quadriceps, 5/5 hamstrings. Normal sensation of the medial and lateral aspect of the knee was noted. Diagnosis was degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Failure to respond to conservative treatments was not documented. Severe osteoarthritis of the knee was not documented. The patient's left knee diagnosis was degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Per ODG, hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy,

osteocondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, because the effectiveness of hyaluronic acid injections for these indications has not been established. Per ODG, Hyaluronic acid injections are generally performed without ultrasound guidance. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. The request for Orthovisc injections of the left knee is not supported by ACOEM guidelines. The request for Orthovisc injections of the left knee with ultrasound guidance is not supported by ODG guidelines. Therefore, the request for injections of the left knee is not medically necessary.

Orthovisc injections, once weekly, left knee: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Hyaluronic acid injections, Hyalgan® (hyaluronate), Orthovisc (hyaluronan) ACOEM 3rd Edition. Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503. Table 2. Summary of Recommendations for Managing Knee Disorders. <http://www.guideline.gov/content.aspx?id=36632>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. Official Disability Guidelines (ODG) states that 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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). 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. Hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. The orthopedic report dated 12-22-2014 documented pain with twisting and pivoting in the left knee. Physical examination of the left knee was documented. Moderate effusion was noted. Moderate soft tissue swelling medially was noted. Tender over the medial joint line was noted. No tenderness over the lateral joint line was noted. Range of motion was 0 to 140 degrees. Positive McMurray medially was

noted. Negative McMurray laterally was noted. Pain on terminal knee flexion was noted. Pain on terminal knee extension was noted. Strength was 4/5 quadriceps, 5/5 hamstrings. Normal sensation of the medial and lateral aspect of the knee was noted. Diagnosis was degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Failure to respond to conservative treatments was not documented. Severe osteoarthritis of the knee was not documented. The patient's left knee diagnosis was degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Per ODG, 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, because the effectiveness of hyaluronic acid injections for these indications has not been established. Per ODG, Hyaluronic acid injections are generally performed without ultrasound guidance. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. The request for Orthovisc injections of the left knee is not supported by ACOEM guidelines. The request for Orthovisc injections of the left knee with ultrasound guidance is not supported by ODG guidelines. Therefore, the request for Orthovisc injections of the left knee with ultrasound guidance is not medically necessary.

Ultrasonic guidance for needle placement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Hyaluronic acid injections, Hyalgan® (hyaluronate), Orthovisc (hyaluronan) ACOEM 3rd Edition. Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503. Table 2. Summary of Recommendations for Managing Knee Disorders. <http://www.guideline.gov/content.aspx?id=36632>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. Official Disability Guidelines (ODG) states that 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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). 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. Hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. The orthopedic report dated 12-22-2014 documented pain with twisting and pivoting in the left knee. Physical examination of the left knee was documented. Moderate effusion was noted. Moderate soft tissue swelling medially was noted. Tender over the medial joint line was noted. No tenderness over the lateral joint line was noted. Range of motion was 0 to 140 degrees. Positive McMurray medially was noted. Negative McMurray laterally was noted. Pain on terminal knee flexion was noted. Pain on terminal knee extension was noted. Strength was 4/5 quadriceps, 5/5 hamstrings. Normal sensation of the medial and lateral aspect of the knee was noted. Diagnosis was degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Failure to respond to conservative treatments was not documented. Severe osteoarthritis of the knee was not documented. The patient's left knee diagnosis was degenerative left knee medial meniscus tear and medial degenerative chondromalacia. Per ODG, 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, because the effectiveness of hyaluronic acid injections for these indications has not been established. Per ODG, Hyaluronic acid injections are generally performed without ultrasound guidance. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. The request for Orthovisc injections of the left knee is not supported by ACOEM guidelines. The request for Orthovisc injections of the left knee with ultrasound guidance is not supported by ODG guidelines. Therefore, the request for Orthovisc injections of the left knee with ultrasound guidance is not medically necessary. Therefore, the request for ultrasonic guidance for needle placement is not medically necessary.