

Case Number:	CM15-0111767		
Date Assigned:	06/18/2015	Date of Injury:	02/08/2013
Decision Date:	07/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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 58 year old female who sustained an industrial injury on 02/08/2013. Mechanism of injury was a slip and fall. Diagnoses include right bilateral medial and lateral meniscal tear, cervical degenerative disc disease, lumbosacral degenerative disc disease, peripheral neuropathy, and bilateral shoulder impingement, and bilateral CMC arthrosis-rule out CTS bilateral. Treatment to date has included diagnostic studies, status post right knee partial medial meniscectomy lateral meniscus repair, lateral release, chondroplasty, patellofemoral joint and medial lateral joints and open posterolateral corner/popliteus tendon repair on 10/23/2013, physical therapy, a few Tramadol injections for pain, and cortisone injections. There is an unofficial Magnetic Resonance Imaging report of the lumbar spine revealed degenerative discs in the lumbar spine and arthritis. An x ray of the right knee done on 04/08/2015 revealed narrowing medial and lateral compartments. The most recent physician progress note dated 04/08/2015 documents the injured worker complains of pain in the neck, shoulders, wrists/hands lower back and right knee. She rates her neck pain as a grade 4 out of 10 to a grade 8 out of 10 and is located along the back and right side of the neck. Her right shoulder pain is constant and varies from a grade 5 to a grade 10 out of 10, and the pain radiates to her right forearm. She has intermittent left shoulder pain and rates it to be a grade 5 out of 10. She complains of lower back pain which is constant and varies in intensity from a grade 4 to a grade 10 out of 10. The pain radiates to her buttocks and hips. The pain in her right knee is present all the time and varies in intensity from a grade 2 to 6 out of 10. She describes popping and clicking in the knee and she states that the bone on the outside of the knee frequently locks on her and at least once per day

the knee will buckle causing her to stumble but not fall. Treatment requested is for Series of 3 - Right Knee Viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 - Right Knee Viscosupplementation: 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 (Acute & Chronic) - 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 (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. Specifically the following criteria are stated: "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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, there is documentation of knee x-rays dated 4/8/15 which demonstrate osteoarthritis with joint space narrowing. This is documented in a noted dated 4/8/15. There is documentation of intolerance to NSAIDs. But there is no documentation of a failed trial of knee steroid injection, which is discussed in the ODG. As such , the

current request is not medically necessary.