

Case Number:	CM15-0112305		
Date Assigned:	06/18/2015	Date of Injury:	08/17/2013
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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, Hawaii

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 60 year old female who sustained an industrial injury on 08/17/2013. Mechanism of injury occurred when she twisted her knee and felt a pop with swelling while attending to an emergency. Diagnoses include degenerative joint disease of the right knee, chondromalacia patella, lower leg joint pain, sprain of the knee and leg. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, and use of a Transcutaneous Electrical Nerve Stimulation unit. A physician progress note dated 05/04/2015 documents the injured worker complains of a sharp burning pain rated 7 out of 10, located in the inner aspect of both knees, right worse than left. She has pain at rest. She walks with a limp and cannot even walk a block. She has some swelling, locking, giving out and unsteadiness. Her right knee has a varus deformity, 10 degrees flexion deformity, further flexes to 115 degrees. She has medial compartment crepitus and discomfort with examination. An unofficial report of x rays done with this visit showed nearly complete loss of the medial joint space with further evidence of tricompartmental disease. The lower extremity long film demonstrates varus mechanical axis worse on the left than of the right. After a long discussion she would like conservative care at this time and try to delay surgical intervention. Treatment requested is for Right knee gel one injections, and right knee sleeve

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee gel one injections: 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 (updated 05/05/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Knee & Leg Chapter, Hyaluronic acid injections.

Decision rationale: The patient presents with diagnoses that include sprain/strain right knee with internal derangement, MRI reflecting horizontal tear posterior horn and body of medial meniscus with grade 3 and grade 4 chondral abnormalities involving medial and patellofemoral compartments. history of previous arthroscopic surgery, right knee. The patient currently complains of a sharp burning pain located in the inner aspect of both knees, right worse than left. The patient has declined a recommendation for a knee replacement. The current request is for Right Knee gel one injections. The treating physician states in his treating report dated 5/4/15 (138B), "since she is allergic to anti-inflammatories, she continue with tramadol as well as the Tylenol. In addition, I have recommended a knee sleeve for her and another viscosupplementation injection, but Gel-One because of her prior severe acute inflammatory reaction previously." In this procedure, a gel-like fluid called hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in the synovial fluid surrounding joints. It acts as a lubricant to enable bones to move smoothly over each other and as a shock absorber for joint loads. MTUS Guidelines are silent on Orthovisc (Hyaluronic acid) injections. ODG Knee & Leg (Acute & Chronic) guidelines state 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." 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. In this case, there is no documentation of the patient suffering from severe osteoarthritis. She is seeking to delay total knee replacement but in the 4/23/15 (91B) evaluation report the AME states "I believe it is questionable as to whether Synvisc-type injections would be helpful. Realistically, a steroid injection such as a cortisone injection may be more beneficial if necessary for pain relief." Without a diagnosis of osteoarthritis the current request is not consistent with ODG. The current request is not medically necessary.

Right knee sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: The patient presents with diagnoses that include sprain/strain right knee with internal derangement, MRI reflecting horizontal tear posterior horn and body of medial meniscus with grade 3 and grade 4 chondral abnormalities involving medial and patellofemoral compartments. history of previous arthroscopic surgery, right knee. The patient currently complains of a sharp burning pain located in the inner aspect of both knees, right worse than left. The patient has declined a recommendation for a knee replacement. The current request is for Right Knee sleeve. The treating physician states in his treating report dated 5/4/15 (138B), "since she is allergic to anti-inflammatories, she continue with tramadol as well as the Tylenol. In addition, I have recommended a knee sleeve for her and another viscosupplementation injection, but Gel-One because of her prior severe acute inflammatory reaction previously." In this case, there is no discussion as to why knee sleeve is being prescribed. Knee sleeves are not specifically discussed in any of the guidelines including MTUS, ACOEM and ODG. There is a discussion for knee bracing for which ACOEM recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the clinical history does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. Knee sleeves may be indicated if considered medically necessary supplies when used in conjunction with other knee orthosis per AETNA discussion policy number 9. There are no medical guidelines that support for the use of a knee sleeve by itself. The current request is not medically necessary.