

Case Number:	CM15-0172850		
Date Assigned:	09/15/2015	Date of Injury:	05/16/2007
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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

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 56-year-old female, who sustained an industrial injury on 5-16-07. The injured worker was diagnosed as having lumbar spine status post spinal fusion with hardware removal L4-S1 (2009); Grade I anterolisthesis at L4 on L5 -symptoms of bilateral lower extremity radiculitis; left knee medial compartment osteoarthritis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 6-15-15 indicated the injured worker complains of continued constant pain in the lower back that radiates down both legs. Per the patient, she reports she has seen a spine surgeon who has recommended a revision spinal fusion because "he suspects a nonunion at the fusion site". She is considering the surgery but for now continues low impact exercise and use of Ultram and ibuprofen. She reports taking medications daily for pain. She also reports, "Recently has gastric bypass surgery in Mexico and has lost 30#. Apparently able to take NSAIDS per her doctor's recommendation, but takes omeprazole at the recommendation of her surgeon because of risk of ulcers." The provider as documents objective findings on this date: "Lumbar spine- positive tender to palpation and spasm right and left lower lumbar spine. Healed incision lower lumbar spine, no erythema or swelling. A 4+ out of 5 strength bilateral EHL 5 out of 5 anterior tibialis and GC bilaterally, straight leg raise negative bilaterally in seated position, DTR trace bilateral knees and trace bilateral ankles, sensation decreased lateral left thigh, lateral left calf, palpation to deep pulse." The provider reviews her records and documents "Orthopedic Spine surgeon dated 4-8-15 diagnosed her with "Grade 1-2spondylolisthesis L4-5 attempted fusion L4-5, status post hardware removal and possible nonunion, disc collapse with

discogenic changes and evidence of instability at L5-S1. The recommendations were for a CT scan, possible attempted revision fusion from an anterior approach." His treatment plan on this date was for anesthesia pain management within MPN, medication refills, continue low impact home exercise program, and "defer treatment for the left knee at this time as pain is manageable at this point." A PR-2 notes dated 2-9-15, the provider documents the injured worker's "main complain on this date was that of constant low back pain and pain that radiates to the tailbone and left thigh and calf. She is reporting the pain is worse after standing or walking for more than 10 minutes. She also has left knee pain, but the back pain is more debilitating." He notes she has had two back surgeries, which had not improved her symptoms - status post spinal fusion L4-S1 (2009). The provider as documents objective findings on this date: "left knee 1+ effusion, diffuse medial tenderness, trace PFC noted. Range of motion 120 degrees, stable to varus and valgus stress, calf soft and non-tender." The lumbar spine exam on this dated notes positive for tender to palpation and spasm bilaterally lower spine with positive for loss of lordosis. Sensation is noted as decreased in the lateral left thigh and left calf. The provider requested a surgical consultation on this date for treatment options. A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-6-15 and non-certification was for Hyalgan injection X 4 left knee. Utilization Review denied the injections stating: "The guidelines criteria have not been met. The medical records provided did not document the claimant having exhausted first line treatments including physical therapy and corticosteroid injections as recommended by ODG prior to considering Viscosupplementation." The provider is requesting authorization of Hyalgan injection X 4 left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection X 4 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 (Acute & Chronic)-Hyaluronic acid injections: Criteria for 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, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings note knee range of 120 degrees with diffuse tenderness. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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. Submitted

reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of functional improvement or outcome from any recent corticosteroid injection performed. The Hyalgan injection X 4 left knee is not medically necessary and appropriate.