

Case Number:	CM15-0178479		
Date Assigned:	09/18/2015	Date of Injury:	04/07/2015
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 50-year-old woman sustained an industrial injury on 4-7-2015. The mechanism of injury is not detailed. Evaluations include bilateral knee x-rays dated 8-10-2015 showing joint space narrowing and lateral tilt of the left patella. Diagnoses include bilateral knee osteoarthritis, patellofemoral syndrome, chondromalacia patella, and knee synovitis. Treatment has included oral medications, heat, left knee Orthovisc injection, and physical therapy. There is notation of the worker not experiencing improvement after the Orthovisc injection. Physician notes dated 8-10-2015 show complaints of knee pain and swelling rated 6 out of 10. The physical examination shows no evidence of erythema or ecchymosis in the bilateral lower extremities, mild tender ness is noted on the medial joint line, moderate crepitus, range of motion is from 0-120 to 130 degrees, and full joint stability and strength bilaterally. Recommendations include a series of three Synvisc injections, platelet-rich plasma injections, and follow up for the first injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection under ultrasound guidance 3 series to bilateral knees (1 injection per knee, per week/3weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Orthovisc Injection under ultrasound guidance 3 series to bilateral knees (1 injection per knee, per week/3weeks), Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. 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. ODG also states 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. Furthermore, ODG states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Within the documentation available for review, there is no documentation of failure of conservative treatment including steroid injections. Additionally, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of analgesic efficacy, objective functional improvement, or duration of effect. Furthermore, there is no documentation of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. As such, the currently requested Orthovisc Injection under ultrasound guidance 3 series to bilateral knees (1 injection per knee, per week/3weeks) is not medically necessary.

Platelet rich plasma injection under ultrasound guidance to bilateral knees #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for Platelet rich plasma injection under ultrasound guidance to bilateral knees #1, California MTUS does not address the issue. ODG cites that for the knee, it is under study, as there is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed. Within the documentation available for review, there is no clear rationale for PRP injections despite the lack of consistent support for their use in the management of the patient has cited injuries. In light of the above issues, the currently requested Platelet rich plasma injection under ultrasound guidance to bilateral knees #1 is not medically necessary.