MAXIMUS Federal Services

Case Number:	CM15-0074989		
Date Assigned:	06/15/2015	Date of Injury:	05/08/2012
Decision Date:	07/14/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 is a 58 year old male with a May 8, 2012 date of injury. A progress note dated March 24, 2015 documents subjective findings (frequent lower back pain rated at a level of 5/10; constant bilateral knee pain rated at a level of 7-8/10 on the right and 8-9/10 on the left; symptoms of anxiety, depression, stress, and insomnia), objective findings (lumbar paraspinal spasms and tenderness; mild effusion with locking, popping, and catching of the knees), and current diagnoses (lumbar disc herniations; right lower extremity lumbar radiculopathy; musculoligamentous sprain/strain of the bilateral knees; right knee recurrent medial meniscus tear; left knee osteoarthritis; bilateral knee internal derangement; stress and insomnia). Treatments to date have included medications, physical therapy, bilateral knee arthroscopy, and injections. The treating physician documented a plan of care that included a series of 5 Supartz injections to the left knee, and a Shock Doctor hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 5 Supartz injections with ultrasound: 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, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: MTUS is silent regarding the use of ultrasound guided hyaluronate injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided hyaluronate injections, it does state that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. ODG recommends as guideline 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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. 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." The available medical record notes that this IW is receiving medications which do provided some relief and that past physical therapy has also provided relief, there is no record of steroid injections or aspiration. Further; the available medical record notes an arthroscopic meniscectomy was performed on1/27/15; ODG states that This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. Additionally, ODG states that Hyaluronic acid injections generally performed without fluoroscopic or ultrasound guidance. As such, the request for Ultrasound guided supartz injections x5 is deemed not medically necessary.

1 Shock Doctor hinged knee brace: 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): 340.

Decision rationale: ACOEM states: A brace can be used 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. The IW is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. Further, the IW is not currently working and will not be stressing the knee by carrying a load. As such the request for 1 Shock Doctor hinged knee brace is deemed not medically necessary.