MAXIMUS Federal Services

Case Number:	CM14-0143807		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2010
Decision Date:	08/27/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 46 year old male, who sustained an industrial injury on July 9, 2010. He reported injury to his bilateral knees. The injured worker was diagnosed as having left knee sprain, contusion right knee and contusion left knee. Treatment to date has included diagnostic studies, medications, physical therapy and surgery. On May 27, 2014, the injured worker complained of pain in the anterior tibia just below the side of his tibial ostectomies. He reported continued pain as he attempts to wean from his pain medication. He also reported numbness and tingling in his toes bilaterally when he sits with his knees flexed. The treatment plan included Visco supplementation, continue to wean pain medication and a follow-up visit. On August 26, 2014, Utilization Review non-certified the request for Visco supplementation of bilateral knees, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco Supplementation of Bilateral Knees: 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 and Leg, Hyaluronic Acid Injections.

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

Decision rationale: The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, 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. 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 (patellar knee pain)."Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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; 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) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. 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. Per MRI of the right knee dated 5/7/12, irregular patellofemoral joint chondrosis, with areas of high-grade chondrosis at the lateral patellar facet with underlying subchondral cystic changes and edema. Per MRI of the left knee dated 4/18/13, the medial and lateral femoral condyle articular surfaces are well visualized on both the ZT2-weighted. PD weighted and the T1 weighed fat sat sequences. Outlined by the contrast in the joint, the condylar cartilage remains intact. Normal synovium without synovial hypertension. There is Chondromalacia patellar of the patellar articular facet primarily less so the medial and none involving the femoral trochlear cartilage. The documentation submitted for review does not contain any recent diagnostic reports showing degenerative changes or evidence of severe osteoarthritis. There was no evidence of failure to respond to steroid injection. The request is not medically necessary.