

Case Number:	CM13-0052263		
Date Assigned:	12/27/2013	Date of Injury:	07/19/2012
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old claimant with industrial injury 7/19/12. Patient with complaint of right knee pain. Status post right knee arthroscopy 7/31/13 with Grade 3-4 chondromalacia patella. Patient underwent chondroplasty medial femoral condyle. Exam note 8/17/13 with complaints of sharp right knee pain at patellofemoral joint. Request for Supartz injection to right knee. Report of 9 visits of physical therapy completed and activity modification. Report of intolerance to non-steroidal anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Supartz injections x 5: 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), 2013 TWC Knee Hyaluronic acid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Hyaluronic acid injections.

Decision rationale: Per Official Disability Guidelines: Criteria 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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (Criteria not met) (2) Bony tenderness; (Criteria not met) (3) Crepitus (noisy, grating sound) on active motion; (Criteria met) (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (Criteria not met) (5) Less than 30 minutes of morning stiffness; (Criteria not met) (6) No palpable warmth of synovium; (Criteria not met) (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (Criteria not met) (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); (Criteria not met) Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; (Criteria met) 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. (Criteria not met) No maximum established by high quality scientific evidence; 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. In this case there is lack of documentation in the record of severe osteoarthritis of the knee to warrant viscosupplementation injections. The predominant indication is for patellofemoral osteoarthritis. Therefore determination is non-certification.