

Case Number:	CM14-0000570		
Date Assigned:	01/17/2014	Date of Injury:	01/24/2000
Decision Date:	06/12/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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/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:

The patient is a female, age unknown, who was injured on 01/24/2000. The mechanism of injury is unknown. Prior treatment history has included Supartz injection, intra-articular injection, and Mobic. There are no diagnostic studies for review. Clinic note dated 09/06/2013 indicates the patient presents for follow-up of her knee. She reports her knee is about 30% improved post Supartz injections. Her left shoulder is getting better with home rehab. She remains on her Mobic and she needs to take Aciphex. Prior UR note dated 12/20/2013 reports the patient only received 30% improvement from the Supartz injection which was temporary and the request does not guideline requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SERIES OF FIVE (5) SUPARTZ INJECTIONS FOR THE RIGHT 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.

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

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, hyaluronic acid injections is 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. The medical records document the patient had 30% improvement of the right knee post Supartz injection. In the absence of documented the age of the patient, the diagnoses, the number and frequencies of the injections and absence of significant improvement post injection medical necessity cannot be supported. Furthermore, the number of series should not exceed 3 injection over a 5 years period, and 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. The request is not medically necessary according to the guidelines.