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| Case Number: | CM14-0159379 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 03/06/2011 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Occupational 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:

According to the provided documents, this is a 40-year-old man with an injury on 3/6/11. He injured his left knee after falling down some stairs. There is mention of recurrent pain after arthroscopic surgery in September 2011 for patellar chondroplasty and plica extension. He did return to work after that surgery. There has been previous treatment with medication, cortisone injection and supervised physical therapy. Anti-inflammatories have not helped. He had a flare-up of pain around 9/30/13. He eventually was approved for a series of Supartz injections. The patient had a 3rd of 3 Supartz injections for the diagnosis of left knee patellar chondrosis, and plica syndrome on 7/11/14. There is also a diagnosis of chondromalacia. The patient was already permanent and stationary per that report. A 5/2/14 report indicated that the patient has continued at regular work. The disputed treatment is Supartz injections times 3 for the left knee addressed in the utilization review determination letter from 9/19/14. That utilization review determination references an evaluation, from 9/12/14 in which the patient reported good improvement from Supartz injections in July and June (2014). There was occasional moderate pain with activity; he was taking Motrin and trying to continue weight-loss. Exam showed swelling. Range of motion was 0 flexion 120 pain on resisted knee extension with mild patellar crepitation. The request was for Supartz injections times 3. Diagnosis was reported to be chondromalacia patella, villonodular synovitis involving lower leg and chondromalacia. In the reports there was no mention of any radiographic findings. That report was not provided for this review. The most recent report was from the 7/11/14 mentioned above. The plan at that time was for follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection x 3 left 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, Knee & Leg, Hyaluronic acid injections

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

Decision rationale: Supartz is a brand of hyaluronic acid injection. MTUS guidelines are silent on hyaluronic acid injections. Notable in this clinical presentation is that this patient is less than 50 years old. The arthritis is in the patellofemoral compartment with no mention of moderate to severe osteoarthritis in the medial or lateral compartments. Additionally, this request is coming 2 months after the patient had completed a series of Supartz injections. ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded to conservative treatment and to potentially delay total knee replacement. In this case, there is no indication that this patient is a candidate for total knee replacement yet. ODG guidelines also states that there is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patella and patellofemoral syndrome. This patient's knee pain diagnosis is patellar chondrosis which falls into that category. Repeat series of hyaluronic acid injections are only recommended when there has been significant improvement in symptoms for 6 months or more, also not present here. Therefore, based upon the evidence and the guidelines this request is not considered to be medically necessary.