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| Case Number: | CM14-0166308 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 06/24/2004 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 and Rehabilitation 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:

This 51 year-old patient sustained an injury on 6/24/2004 while employed by [REDACTED]. Request(s) under consideration include Supartz x3 Right Knee. Diagnoses include right knee s/p ACL reconstruction in 1998 from previous employment; recurrent ACL tear and some posttraumatic arthritis for continuous trauma; and compensatory left knee pain from right knee overuse injury. Report of 9/3/14 from the provider noted chronic ongoing right knee pain; the patient has a round of Supartz injections (undated) with good results (unspecified percent and duration); she is interested in some stronger medications and possibly repeating the Supartz injection. Exam was brief noting no significant swelling; medial-sided and peripatellar tenderness, and stable Lachman and anterior drawer testing. X-rays of right knee noted medial-sided arthritis and ACL reconstruction. Treatment included medications of Tramadol and Relafen; hinged knee brace for support and repeating Supartz injection series. The request(s) for Supartz x3 Right Knee was non-certified on 10/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ X 3 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

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, pages 311-313

Decision rationale: This 51 year-old patient sustained an injury on 6/24/2004 while employed by [REDACTED]. Request(s) under consideration include SUPARTZ X 3 RIGHT KNEE. Diagnoses include right knee s/p ACL reconstruction in 1998 from previous employment; recurrent ACL tear and some posttraumatic arthritis for continuous trauma; and compensatory left knee pain from right knee overuse injury. Report of 9/3/14 from the provider noted chronic ongoing right knee pain; the patient has a round of Supartz injections (undated) with good results (unspecified percent and duration); she is interested in some stronger medications and possibly repeating the Supartz injection. Exam was brief noting no significant swelling; medial-sided and peripatellar tenderness, and stable Lachman and anterior drawer testing. X-rays of right knee noted medial-sided arthritis and ACL reconstruction. Treatment included medications of Tramadol and Relafen; hinged knee brace for support and repeating Supartz injection series. The request(s) for SUPARTZ X 3 RIGHT KNEE was non-certified on 10/8/14. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive clinical findings or imaging of severe osteoarthritis for the injection request. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. The SUPARTZ X 3 RIGHT KNEE is not medically necessary and appropriate.