

Case Number:	CM14-0020654		
Date Assigned:	04/30/2014	Date of Injury:	04/04/1996
Decision Date:	07/08/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 61 year old male with a date of injury on 4/4/1996. The patient has been treated for ongoing pain in neck, shoulder, right thumb, low back, and bilateral knees. Subjective complaints are of ongoing knee pain. Physical exam shows pain along medial joint line with no knee effusion or soft tissue swelling. There was no crepitus with patellofemoral pressure. Imaging studies revealed moderate to severe patellofemoral chondromalacia. Prior knee surgery was performed in 1990 and 1991. Surgery notes document grade 4 degenerative changes of the patella and lateral femoral condyle and grade 3 changes of the lateral tibial plateau. Previously patient had Orthovisc injections series to the left knee in 5/2012. Documentation indicates that patient's knee was still feeling good on 10/18/2012, and that patient is a candidate for knee replacement, but surgery cannot be performed due to knee ulcerations. Request for Supartz was to provide further symptomatic relief until patient can undergo knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC/SUPARTZ INJECTION FOR THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee And Leg Chapter, 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: CA MTUS does not offer recommendations for Hyaluronic acid injections. In the ODG it is recommended as an option for osteoarthritis. Indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Repeat series of injections may be considered if there is documented significant improvement in symptoms for 6 months or more. For this patient there is evidence supporting a diagnosis of symptomatic osteoarthritis, and patient is not currently a candidate for knee replacement. Furthermore, prior Hyaluronic acid injections offered pain relief for over 6 months. Therefore, the request for Supartz injections is medically necessary.