

Case Number:	CM14-0041586		
Date Assigned:	06/30/2014	Date of Injury:	09/19/1999
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 57-year-old female with a 9/19/99 date of injury. At the time (3/25/14) of request for authorization for series of 3 Supartz injections once a week for three weeks for the right knee, there is documentation of subjective (right knee pain, increased pain getting up and down from a seated position and walking for long periods) and objective (right knee lateral joint line tenderness to palpation, mild valgus deformity, trace effusion, pseudolaxity of the lateral joint, positive crepitus) findings, reported imaging findings (x-rays revealed mild loss of articular cartilage height on the medial side, complete loss of the articular cartilage height on the lateral side, mild narrowing of the patellofemoral joint), current diagnoses (osteoarthritis lower leg), and treatment to date (medications and multiple Supartz injections, last done 1/14 with reported 50% relief from the injections). 3/2/14 medical report identifies a request for another series of Supartz injections. There is no documentation of significant improvement in symptoms for 6 months or more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Supartz injections once a week for three weeks 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 - KNEE & LEG.

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: The MTUS does not address this issue. The Official Disability Guidelines (ODG) identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age; pain interferes with functional activities (e.g. ambulation, prolonged standing) and not attributed to other form of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids; not currently a candidate for total knee replacement or has failed previous knee surgery for arthritis OR a younger patient wanting to delay total knee replacement as criteria necessary to support the medical necessity of hyaluronic acid injections. In addition, the guidelines identify that hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. Furthermore, ODG identifies that 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. Lastly, ODG identifies significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat hyaluronic acid injections. Within the medical information available for review, there is documentation of diagnosis of osteoarthritis lower leg. In addition, there is documentation of multiple Supartz injections, last series done 1/14 with reported 50% relief. However, given that a repeat series is being requested on 3/2/14, there is no documentation of significant improvement in symptoms for 6 months or more. Therefore, based on guidelines and a review of the evidence, the request for series of 3 Supartz injections once a week for three weeks for the right knee is not medically necessary.