

Case Number:	CM14-0045116		
Date Assigned:	07/14/2014	Date of Injury:	06/30/2013
Decision Date:	09/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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 has a subspecialty in Interventional Spine 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 44-year-old female with a date of injury of 06/30/2013. The listed diagnoses per Dr. Proctor are: 1. Knee pain. 2. Chondromalacia. 3. Contusion of knee. According to progress report 03/25/2014, the patient presents with continued left knee pain with walking and weightbearing activities. Treater reviewed a recent MRI of the left knee, which revealed left knee chondromalacia at the medial and lateral compartment. Examination of the left knee revealed inferior pole patella tenderness. Other examination findings of the bilateral knee were negative. Treater is requesting Spartz, series of 5 injections for the left knee. Utilization review denied the request on 04/02/2014. The medical file provided for review includes this one progress report. There are no other reports, imaging, or AME provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spartz Injection Left Knee Under Guidance x5: 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 AND LEG UPDATED 1/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)ODG-TWC guideline has the following regarding hyaluronic acid injections:(<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>)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. SeeRecent research below. 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). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. (Karlsson, 2002) (Leopold, 2003) (Day, 2004) (Wang, 2004) (Aggarwal, 2004) (Arrich, 2005) (Karatosun, 2005) (Blue Cross Blue Shield, 2005) (Petrella, 2005) Compared with lower-molecular-weight hyaluronic acid, this study concluded that the highest-molecular-weight hyaluronic acid may be more efficacious in treating knee OA. (Lo-JAMA, 2004) These more recent studies did not. (Reichenbach, 2007) (JÃ¼ni, 2007) The response to hyaluronan/hylan products appears more durable than intra-articular corticosteroids in treatment of knee osteoarthritis. (Bellamy-Cochrane, 2005) Viscosupplementation is an effective treatment for OA of the knee with beneficial effects: on pain, function and patient global assessment; and at different post injection periods but especially at the 5 to 13 week post injection period. Within the constraints of the trial designs employed no major safety issues were detected. (Bellamy-Cochrane2, 2005) (Bellamy, 2006) Intra-articular viscosupplementation was moderately effective in relieving knee pain in patients with osteoarthritis at 5 to 7 and 8 to 10 weeks after the last injection but not at 15 to 22 weeks. (Modawal, 2005) This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. (Petrella, 2006) The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. (Stitik, 2007)

Decision rationale: This patient presents with continued left knee pain with walking and weightbearing activities. The treater is requesting Supartz injection to the left knee under guidance, a series of 5 injections. ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG recommends Hyaluronic acid injection 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.MRI of the left knee revealed chondromalacia of the medial and lateral compartment. In this case, this patient does not present with severe osteoarthritis. Recommendation is for denial.