MAXIMUS Federal Services

Case Number:	CM14-0050313		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2010
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 45 year-old patient sustained an injury on 7/9/10 while employed by [redacted]. The request under consideration include Supartz Injections Bilateral Knees 1 x 5 J7321 times 10; 20161 times 10. A report of 2/11/14 from the provider noted the patient with complaints of bilateral knee pain. The patient received a Depo-Medro injection and Hydrocodone/Acet. No surgeries were documented. Conservative care has included injections, medications, physical therapy, and modified activities. An exam showed both knees with tenderness to palpation along the patellar facets; patellar crepitus as the knee was arranged; positive patellar grind tests bilaterally with normal alignment of patella; normal tracking and not significant tilt. The patient's diagnoses include osteoarthrosis, localized in the lower leg. The treatment included Supartz injections and the patient was given steroid injection in office on 2/11/14 to help with pain. The current symptoms and objective findings are noted in the patella. The published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. The request for Supartz Injections Bilateral Knees 1 x 5 J7321 times 10; 20161 times 10 were non-certified on 3/14/14 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 Injections Bilateral Knees 1 x 5 J7321 times 10; 20161 times 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee, Criteria Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: The 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. The 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 findings for the injection request. The Supartz Injections Bilateral Knees 1 x 5 J7321 times 10; 20161 times 10 are not medically necessary and appropriate.