

Case Number:	CM14-0053189		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2013
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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:

The patient is a 49-year-old female who has submitted a claim for chondromalacia patella associated with an industrial injury date of March 10, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of left knee pain. She is status post left knee arthroscopy for medial and lateral meniscectomy and ACL debridement on November 12, 2013. Physical examination of the left knee showed limitation of motion with crepitation on movement. X-ray of the left knee revealed mild degenerative changes and several bone spurs in the femoral condyle. The diagnoses include left knee status post arthroscopy, chondromalacia, medial meniscal tear, and anterior cruciate ligament partial tear. Treatment plan includes a request for Supartz injection for chondromalacia and osteoarthritis. Treatment to date has included oral and topical analgesics, left knee surgery, physical therapy, and home exercises. Utilization review from April 4, 2014 denied the request for left knee Supartz injection times 5 because there is no evidence of severe symptomatic osteoarthritis or failed prior steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Supartz injection times 5: 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 (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 and Leg Chapter, Hyaluronic acid injections.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen). There is insufficient evidence for treatment of other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, Supartz injection is requested for treatment of chondromalacia and osteoarthritis. However, there was no evidence of severe osteoarthritis based on the most recent plain radiograph of the left knee. Also, the guideline does not recommend hyaluronic acid injections for chondromalacia patella. Likewise, there was no evidence of trial and failure of other guideline-recommended conservative treatment. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Left Knee Supartz injection times 5 are not medically necessary.