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| Case Number: | CM14-0056960 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 05/04/2010 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 69-year-old female who has submitted a claim for status post patellar fracture and chondromalacia of the patella and femoral condyle to the right knee associated with an industrial injury date of May 4, 2010. Medical records from 2013-2014 were reviewed. The patient complained of right knee pain. Physical examination showed tenderness to the patella with mild effusion noted. There was also medial and lateral joint line tenderness. Crepitations were present through range of motion. Instability was not noted. MRI of the right knee dated June 9, 2006 was negative. Treatment to date has included medications, physical therapy, activity modification, lumbar spine surgery, right knee corticosteroid injection, and right knee viscosupplementation. Utilization review, dated April 16, 2014, denied the request for series of five Supartz injections to the right knee because there was no documentation of description of the patient's prior response to viscosupplemental injection or failure to respond to the recently provided corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of five Supartz injections to 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 and Leg (web): 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 specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. There is insufficient evidence for treatment of other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, a previous viscosupplementation was done on 2012 which did not provide relief. However, a progress report dated June 3, 2014 state that the patient had hardware on the knee at that time and this was since removed. Furthermore, an injection was requested in an attempt to avoid a partial knee replacement. However, there was no evidence of osteoarthritis in this patient. In addition, the guideline does not recommend hyaluronic acid injections for patellar fracture and chondromalacia of the patella and femoral condyle. Furthermore, there was no evidence of failed pharmacologic and non-pharmacologic treatment. The guideline criteria have not been met. Therefore, the request for Series of five Supartz injections to the Right Knee is not medically necessary.