

Case Number:	CM14-0067555		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2010
Decision Date:	09/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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]. Request under consideration include Supartz Injection Bilateral Knees 1 x 5. Current medications list Hydrocodone-Acetaminophen. The patient is s/p left anterior medial tibial tubercle transfer on 8/19/13; history of right tibial tubercle transfer and repeat lateral retinacular release on 8/6/12. Report of 4/11/14 from the provider noted the patient with chief complaint of left knee pain. Exam showed well healed scars, tibial tubercles were prominent bilaterally; tenderness to palpation of bilateral patellofemoral joint with crepitus without effusion or infection; had intact neurological findings; and patellar grind test was positive bilaterally. Diagnoses include local osteoarthritis of left leg. The request for Supartz Injection Bilateral Knees 1 x 5 was non-certified on 4/25/14 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 Injection Bilateral Knees 1 x 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 (ODG), Hyaluronic Acid Injections, Criteria for 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, Hyaluronic

Acid Injections, pages 311-313: Recommended as an option for osteoarthritis. 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).

Decision rationale: This 45 year-old patient sustained an injury on 7/9/10 while employed by [REDACTED]. Request under consideration include Supartz Injection Bilateral Knees 1 x 5. Current medications list Hydrocodone-Acetaminophen. The patient is s/p left anterior medial tibial tubercle transfer on 8/19/13; history of right tibial tubercle transfer and repeat lateral retinacular release on 8/6/12. Report of 4/11/14 from the provider noted the patient with chief complaint of left knee pain. Exam showed well healed scars, tibial tubercles were prominent bilaterally; tenderness to palpation of bilateral patellofemoral joint with crepitus without effusion or infection; had intact neurological findings; and patellar grind test was positive bilaterally. Diagnoses include local osteoarthritis of left leg. The request for Supartz Injection Bilateral Knees 1 x 5 was non-certified on 4/25/14. There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the patella with tenderness, crepitus and positive patellar grind test. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. 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. 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 Injection Bilateral Knees 1 x 5 is not medically necessary and appropriate.