

Case Number:	CM14-0080054		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2013
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 47 year old male presenting with chronic pain following a work related injury on 1/12/13. The claimant complained of left knee pain. The claimant reported improvement in left knee following Supartz. The physical exam showed medial joint line pain plus patella-femoral pain, slight grating with motion, swelling of the entire leg with prominent varicose veins, using a cane, difficulty climbing one step. MRI of the left knee shows severe degenerative osteoarthritis of medial femorotibial compartment and horizontal tear in the medial meniscus which is subluxed medial to the joint line. The claimant was diagnosed Chondromalacia of Patella, Tear of medial meniscus of knee, Osteoarthritis of left knee, Diabetes Mellitus no complication, Type I, Benign Essential Hypertension, Morbid Obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection x5 left knee spacedout over the next year: 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 Chapter.

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

Decision rationale: Supartz injection x5 left knee spaced out over the next year is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. 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. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records do not document that the enrollee has not adequately responded or has a contraindication to standard pharmacological treatments including anti-inflammatories. Additionally, the claimant reported relief from the previous injection. Further injections spaced out throughout the year is not indicated; therefore the request is not medically necessary.