

Case Number:	CM14-0095363		
Date Assigned:	07/25/2014	Date of Injury:	09/27/2003
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopaedic Surgery 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 43-year-old male police officer sustained an industrial injury on 9/27/03. The mechanism of injury was not documented. The patient was status post left knee arthroscopy with medial meniscal repair in 2003 with residual chondromalacia patella and osteoarthritis. The 10/29/13 treating physician progress report indicated receipt of the authorization for Supartz injections. The 5/2/14 treating physician report cited constant grade 6/10 bilateral knee pain. Medications provide pain control with reduction from 6/10 to 2/10, and improved functional ability in activities of daily living and ambulatory tolerance. Knee exam documented full range of motion with pain and crepitation. The treatment plan stated they were awaiting authorization for bilateral knee Supartz injections. The 5/27/14 utilization review denied the request for Supartz injection to the left knee as a series of 5 Supartz injections were certified from 11/18/13 to 1/2/14. Guidelines only support repeat injections if there was favorable response to similar injections with at least 6 months of pain relief. Records reflected that authorization was received but there is no documentation as to whether the Supartz injections were actually performed and, if so, what benefit was achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz (hyaluronic acid) injection left 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 (ODG), Knee and Leg (Acute & Chronic).

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, Hyaluronic Acid Injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for Supartz injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for severe osteoarthritis for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guideline criteria include documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. Documentation that pain interferes with functional activities and failure to adequately respond to aspiration and injection of intra-articular steroids. Guideline criteria have not been met. There is no imaging evidence documented relative to the severity of osteoarthritis. There is no evidence that the patient has failed to adequately respond to standard non-pharmacologic and pharmacologic treatments. Good response is noted to medications relative to pain reduction and functional benefit. There is no current functional assessment or evidence of steroid injections. Prior certification is noted for Supartz with no documentation of benefit consistent with guidelines to support the medical necessity of repeat injections. Therefore, this request for Supartz (hyaluronic acid) injection left knee is not medically necessary.