

Case Number:	CM14-0193663		
Date Assigned:	12/01/2014	Date of Injury:	05/29/2013
Decision Date:	01/13/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/19/2014

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:

The injured worker is a 55 year-old female, who was injured on May 29, 2013, while performing regular work duties. The records indicate the injured worker is working full duty without restrictions. The mechanism of injury is not indicated within the records. The injury is to the left knee. The injured worker is being treated for a back injury, which is considered unrelated to the left knee injury. An evaluation on October 9, 2014, indicates the injured worker has had corticosteroid injections to the left knee, medications, and an unknown amount of therapy. The evaluation on October 9, 2014, indicated the injured worker has unrestricted full extension of the left knee, with tenderness noted to the joint, a magnetic resonance imaging is noted to show arthritic changes, this report is not available for this review. The Utilization Review indicates a magnetic resonance imaging of the left knee taken in August 2014, that revealed findings of osteochondritis dissecans, grade I chondromalacia, and a popliteal cyst. The request for authorization is for three (3) Supartz injections. The primary diagnosis is joint pain of the left leg. Associated diagnosis is arthritis of left knee. On October 25, 2014, Utilization Review non-certified the request for three (3) Supartz injections, based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Supartz injections: 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 (Acute and 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, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: The 55 year-old patient sustained an injury on 5/29/13 while performing regular work duties. MRI of the knee in August 2014 showed findings of osteochondritis dissecans, grade I chondromalacia, and a popliteal cyst. Report of 10/9/14 showed patient with chronic ongoing knee pain. Conservative care has included medications, therapy, corticosteroid injections to the left knee, and modified activities/rest. Exam findings showed unrestricted full extension of the left knee, with tenderness noted to the joint. Treatment plan include Supartz injection. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. The 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 of severe osteoarthritis for the injection request without significant clinical findings. There were no recent x-ray studies presented with MRI findings of chondromalacia and osteochondritis dissecans or remarkable clinical findings consistent with any osteoarthritic changes to support for Supartz injections. Previous corticosteroid injections have not proven effective. The 3 Supartz injections are not medically necessary and appropriate.