MAXIMUS Federal Services

Case Number:	CM14-0197739		
Date Assigned:	12/08/2014	Date of Injury:	10/04/2012
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 is a male patient with an injury date of 10/04/2012 and no narrative offered describing the mechanism of injury. An orthopedic follow up visit dated 07/22/2014 described the chief complaint as left knee pain. The patient also noted having undergone a partial medial and lateral meniscectomy in December 2012 which was followed by a long course of physical therapy. He had been increasing exercises and approximately 6 months prior had started feeling a dull aching pain; in addition, sometimes sharp pain to the medical aspect of left knee that occurred after exercising. Physical assessment found a mildly antalgic gait and diagnostic ultra sound revealed a joint effusion. He was diagnosed with a carried over diagnoses of; pain, joint lower leg, osteoarthrosis local primary leg, and medical meniscus tear left knee. The plan of care involved rehabilitation to include physical therapy twice weekly for 6 weeks for range of motion, strengthening and minimal modal.A request for services received 11/25/2014 asking for pain injections, once weekly for five weeks to left knee. The Utilization Review denied the request on 10/28/2014 as not meeting the evidenced based guidelines for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Left Knee Supartz Injections (1 injection per week for 5 weeks): 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: 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 & leg, Hyaluronic Acid Injections

Decision rationale: Supartz is the viscosupplement hyaluronic acid. It is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria include severe osteoarthritis and interference of functional activities due to pain. 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). 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. In this case documentation does not support the diagnosis of osteoarthritis of the knees. In addition there is documentation that the patient's condition is improving. Medical necessity has not been established. The request is not medically necessary.