

Case Number:	CM15-0005071		
Date Assigned:	01/16/2015	Date of Injury:	11/28/2012
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female who reported an injury on 11/28/2012. The mechanism of injury was due to a fall. Her relevant diagnoses included chondromalacia of the patella of the right knee, and status post right knee anterior cruciate ligament reconstruction and revision. Her past treatments included medication, surgery, brace, and postoperative physical therapy. On 09/18/2014, the injured worker complained of ongoing right knee pain. The physical examination of the right knee indicated no evidence of instability, and range of motion is 0 degrees to 130 degrees with some pain across the patellar tendon and anterior aspect of the knee. Her relevant medications included Neurontin 600 mg and Prilosec 20 mg. The treatment plan included 5 Supartz injections for the right knee due to the severity of her chondromalacia of the patella. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services- Right Knee Supartz Injections Qty: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)

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: The request for associated surgical services- right knee Supartz injections qty:5 is not medically necessary. According to the Official Disability Guidelines, the criteria for hyaluronic acid injections include: patients experiencing significant symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacological and pharmacological treatments, or are intolerant of these therapies after at least 3 months. In addition, there should be documented symptomatic severe osteoarthritis of the knee to include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, palpable warmth of synovium, and being over 50 years of age. There should also be documentation indicating the injured worker has pain that interferes with functional activities, and has failed to adequately respond to aspiration and injection of intra-articular steroids. More specifically, the guidelines indicate that hyaluronic acid injections are not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for use in joints other than the knee. The injured worker was indicated to have complains of pain in the right knee status post an ACL reconstruction and revision. However, the injured worker was indicated to have right knee chondromalacia/chondromalacia of the patella and it is specified by the guidelines that patients with indications of chondromalacia of the patella are not recommended for hyaluronic acid injections. Furthermore, there was a lack of documentation to indicate the injured worker had failed to adequately respond to aspiration and injection of intra-articular steroids, or had documented severe osteoarthritis of the knee. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.