

Case Number:	CM15-0183510		
Date Assigned:	09/24/2015	Date of Injury:	02/20/2015
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 68 year old male who sustained an industrial injury on 2-20-15. The assessment noted is right knee osteoarthritis aggravated by industrial injury and right knee degenerative medial meniscus tear. Previous treatment includes acupuncture, medication, knee aspiration and corticosteroid injection, Synvisc injections; left knee 2014, Supartz injection; right knee 2014, physical therapy, ice, rest, and knee braces. An 8-3-15 progress report notes complaint of pain with daily activities, a dull ache and soreness. In a progress report dated 8-20-15, the physician notes improvement after a corticosteroid injection of the right knee on 8-3-15. Bilateral knee range of motion is 0-115 degrees. His gait is within normal limits. McMurray's yields discomfort at the medial joint line of the right knee. No significant swelling is noted. It is noted that "it is reasonable to continue Supartz injections but for this new soreness will start with Cortisone injection." Work status is noted as permanent preclusions. The requested treatment of 3 Supartz injections for the right knee was non-certified on 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Supartz injections for the right 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, Knee & Leg (Acute & Chronic) 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, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings are noted to improve post corticosteroid injection. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. 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. Submitted reports have not demonstrated clear supportive findings for the injection request, failed conservative treatment trial including cortisone injections, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The 3 Supartz injections for the right knee are not medically necessary and appropriate.