MAXIMUS Federal Services

Case Number:	CM15-0186985		
Date Assigned:	09/29/2015	Date of Injury:	09/21/2007
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/23/2015

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:

This is a 60-year-old male with a date of industrial injury 9-21-2007. The medical records indicated the injured worker (IW) was treated for left knee osteoarthritis and status post left knee microfracture procedure of the medial femoral condyle. In the 7-9-15 and 8-11-15 progress notes, the IW was seen for re-evaluation of the left knee. No subjective complaints were documented. Medications were Naproxen and Protonix. Objective findings on 7-9-15 included left patellar mobility 70% of the right knee and range of motion 0 to 125 degrees. Other objective findings on 7-9-15 and 8-11-15 included normal gait, sensation and reflexes. Lower extremity peripheral pulses were palpable and equal bilaterally. There was left knee effusion, mild quadriceps atrophy and mild incisional tenderness. Muscle strength was 5 out of 5 in the major lower extremity muscle groups. The IW was temporarily totally disabled. Treatments included left knee arthroscopic surgery (5-5-15) and physical therapy (about 12 sessions). Findings of the left knee MRI dated 3-16-15 included medial and lateral femorotibial joint space narrowing and osteoarthritis and patella chondromalacia grade 1-2. A Request for Authorization was received for left knee Supartz injection, series of three, once a week for three weeks (J7321). The Utilization Review on 8-21-15 non-certified the request for left knee Supartz injection, series of three, once a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Supartz Injection series of 3, 1x a week x 3 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, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the patella. 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 intra-articular Hyaluronic acid injections as an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Additionally, Hyaluronic injections may be indicated for osteoarthritis of the knee, 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 previous cortisone injections if any, 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 Left Knee Supartz Injection series of 3, 1x a week x 3 weeks is not medically necessary and appropriate.