

Case Number:	CM15-0193954		
Date Assigned:	10/07/2015	Date of Injury:	01/06/2011
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 33 year old male, who sustained an industrial injury on 01-06-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for degenerative osteoarthritis of the knee, patella chondromalacia of the knee, knee instability, lateral meniscus tear of the knee, knee synovitis, knee joint crepitus, muscle weakness, and sprain of the knee and leg. Medical records (05-12-2015 to 08-10-2015) indicate ongoing mild persistent swelling of the right knee and intermittent pain. Pain levels were not rated on a visual analog scale (VAS). Records also indicate improved range of motion and strength in the right lower extremity and decreased pain. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-10-2015, revealed ongoing moderate crepitus and moderate effusion. Relevant treatments have included: right knee arthroscopic surgery (04- 2015 and 05-02015), 12 sessions of physical therapy (PT), work restrictions, and pain medications. The PR and request for authorization (08-10-2015) shows that the following procedures were requested: a series of 3 right knee Supartz injections. The original utilization review (09-08-2015) non-certified the request for a series of 3 right knee Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Supartz Injection, series of three: 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/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: The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "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. 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)." Criteria for Hyaluronic acid injections:-Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative - (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids;- Generally performed without fluoroscopic or ultrasound guidance;-Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso- phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation submitted for review indicates that the injured worker is diagnosed with chondromalacia patella which is not an indication for Supartz injection. Furthermore, it was noted per the medical records that Orthovisc injection to the right knee was completed on 4/22/13 without significant improvement. The criteria for repeat injection calls for at least 6 months of documented functional improvement. The request is not medically necessary.