

Case Number:	CM15-0033728		
Date Assigned:	02/27/2015	Date of Injury:	06/14/2012
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: Georgia

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 52 year old male, who sustained an industrial injury on June 14, 2012. The diagnoses have included left internal knee derangement and osteoarthritis. Treatment to date has included left knee arthroscopy, subtotal medial menisectomy, chondroplasty, lateral retinacular release, medications, steroid injections, home exercises and assistive device. Currently, the injured worker complains of ongoing left knee pain. The injured worker reports difficulty with ambulation and uses a cane for assistance. He notes that he has difficulty moving up and down stairs and standing from a seated position. On examination, there is tenderness to palpation of the medial joint of the left knee and there is a mild effusion. With range of motion, there is mild crepitus and a positive patellar grind test. Imaging of the left knee on 11/11/2014 revealed degenerative osteophytes of the posterior aspect of the patellar upper pole and the patellar lower pole. On February 2, 2015 Utilization Review non-certified a request for left knee Supartz injections x 3, noting that there is no evidence of severe osteoarthritis. In addition, there is evidence the injured worker has patellofemoral arthritis and the guidelines do not establish hyaluronic acid injections for patellofemoral arthritis. The Official Disability Guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of left knee Supartz injections x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Supartz Injections times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Extremity Complaints.

Decision rationale: Left Knee Supartz Injections times 3 is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. 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. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement."According to the MRI and diagnosis the patient is not a candidate for Hyaluronic injections as there is evidence of edema of patellofemoral arthritis which should be primarily addressed and guidelines do not establish hyaluronic acids injections for this diagnosis.