

Case Number:	CM15-0087137		
Date Assigned:	05/11/2015	Date of Injury:	05/12/2010
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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 39 year old male, who sustained an industrial injury May 12, 2010. The mechanism of injury was a fall injuring his back and right knee. The diagnoses have included a right knee meniscus and ligament tear, lumbosacral strain, lumbar pain, osteoarthritis of the lower leg unspecified and depressive disorder. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatments, chiropractic treatments and two right knee surgeries. Current documentation dated March 31, 2015 notes that the injured worker reported ongoing right knee pain. Examination of the right knee revealed ecchymosis, swelling and tenderness of the medial joint line. Crepitus was also noted in the right knee. The treating physician's plan of care included a request for Supartz injections to the right knee times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection right knee x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Chapter 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 ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: 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 (patellar knee pain). Submitted reports have not demonstrated clear supportive clinical findings or imaging of severe osteoarthritis for the injection request. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy, not demonstrated here. Exam showed intact motor 5/5 and sensation with range of 0-120 degrees. Recent MR Arthrogram of knee on 2/23/15 showed s/p ACL repair with intact prosthesis, meniscal derangement, and suprapatella bursitis. The Supartz injection right knee x3 is not medically necessary and appropriate.