

Case Number:	CM14-0163591		
Date Assigned:	10/08/2014	Date of Injury:	03/04/2011
Decision Date:	11/07/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year-old injured worker sustained an injury on 3/4/11 while employed by [REDACTED]. Request(s) under consideration include Series of 3 ultrasound guided Supartz injections to the right knee. Diagnoses include right knee medial meniscus tear/ osteochondral defect/ synovitis/ chondromalacia of patella s/p arthroplasty of medial femoral condyle with partial medial meniscectomy, multi-compartment synovectomy, and chondroplasty of patella on 7/11/12. Report of 9/3/13 noted the injured worker was following up for Supartz injection series x3 with an injection given under ultrasound on that day. No specific exam findings were documented for diagnoses of s/p right meniscectomy and DJD. Follow-up report of 11/11/13 noted injured worker with continued discomfort with injured worker working under modified activities. Exam showed knee range with 0-120 degrees; motor strength of 5/5 in quadriceps, 1+ effusion; positive patella crepitus. Report of 12/9/13 noted continued knee pain on right with exam findings of crepitation, effusion, positive pain on range and positive patellofemoral pain post- surgery and Supartz. Report of 8/18/14 from the provider noted the injured worker with increased knee pain and popping. It was noted the injured worker had improvement with hyaluronic acid injection. Exam showed knee range of 0-130 degrees; positive joint line tenderness; positive painful range; strength of 4+/5; positive effusion and crepitation. Diagnoses include right knee DJD and s/p meniscectomy on 7/11/12. The request(s) for Series of 3 ultrasound guided Supartz injections to the right knee was non-certified on 9/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Ultrasound Guided Supartz Injections to the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

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: The request for Series of 3 ultrasound guided Supartz injections to the right knee was non-certified on 9/27/14. There is no recent x-ray findings reported. Current symptoms and objective findings are noted with patellofemoral pain. 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 findings for the injection request. The Series of 3 ultrasound guided Supartz injections to the right knee is not medically necessary.