

Case Number:	CM14-0214893		
Date Assigned:	01/07/2015	Date of Injury:	07/08/1999
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Preventive Medicine, Occupational Medicine

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 75 year old male injured worker suffered and industrial injury on 7/8/1999. The details of the injuries, accident and subsequent treatments were not included in the documentation provided. On the provider visit 9/18/2014 the injured worker reported bilateral knee pain. The provider noted the injured worker had a prior left total knee replacement with poor results and right knee tibial osteotomy with lateral staples to the right knee that has severe osteoarthritis. 13 months prior to that visit the injured worker had a series of Supartz injections that the injured worker reported to be helpful for 6 months. The exam revealed a slow, impaired gait, right and left knee deficit in range of motion and severe crepitus to the right knee. The provider recommended 12 sessions of physical therapy and another series of 5 Supartz injections to the right knee. The UR decision on 11/26/2014 non-certified the Supartz injections as severe osteoarthritis is a contradiction for this treatment. The 12 sessions of physical therapy was non-certified as the documentation was not clear as to why additional physical therapy to both knees was warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 series of 5 Supartz viscosupplementation injections to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-9, 346-7. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition

Decision rationale: Viscosupplementation is a procedure in which hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the knee joint, injecting more of it into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. However, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. As there is no scientific evidence or clinical practice guideline support for this procedure, medical necessity to use viscosupplementation has not been established.