

Case Number:	CM15-0176342		
Date Assigned:	09/17/2015	Date of Injury:	05/13/2008
Decision Date:	10/22/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 58-year-old male patient who sustained an industrial injury on May 13, 2008. The diagnoses include status post left knee arthroscopic surgery; internal derangement, left ankle, and left plantar fasciitis. Per the primary treating office visit dated August 13, 2015 he had complaint of right hand 3rd and 4th fingers locking up can't hold tennis racket or golf club, pain rated an 8 in intensity; mildly painful left ankle. The physical examination revealed the knee with surgical incision mostly healed benign. The medications list includes Percocet, Tramadol, Lexapro, Colace, HCTZ, Amlodipine, Dexilant, Gaviscon, Diovan, Probiotics, Metamucil and ASA EC. Patient has history of acid reflux with NSAIDs. He has had right knee MRI with arthrogram dated 2/9/2011 which revealed post operative changes, tricompartmental chondromalacia, tricompartmental DJD and mild patellar tendinosis; lumbar spine MRI dated 4/28/2015. He has undergone left knee arthroscopic surgery in 8/2008. Per the previous peer review report dated 9/2/15, patient was certified for series of supartz injection for bilateral knees in 3/2014. Other therapy done for this injury was not specified in the records provided. The plan of care is with recommendation to administer Supartz injections to bilateral knees times five and continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections, Right Knee, Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Vol 142, pages 1-42, 2005 - "Evaluation of Major Commercial Weight Loss Programs".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: Supartz injections, Right Knee, Qty 10. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections:" Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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." "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." Details regarding right knee symptoms, aggravating and relieving factors was not specified in the records provided. A detailed recent right knee exam, showing significant objective abnormalities was not specified in the records provided. Response to previous conservative/non-invasive therapy for the right knee is not specified in the records provided. Per the previous peer review report dated 9/2/15, patient was certified for series of supartz injection for bilateral knees in 3/2014. Response to these injections is not specified in the records provided. The medical necessity of Supartz injections, Right Knee, Qty 10 is not established in this patient at this time. Therefore, the request is not medically necessary.

Ultrasound needle guidance (for injections): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: Ultrasound needle guidance (for injections). ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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; "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." Hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. A detailed recent right knee exam, showing significant objective abnormalities was not specified in the records provided. As the medical necessity of supartz injections itself is not established, the medical necessity of Ultrasound needle guidance (for injections) is also not fully established for this patient. The medical necessity of Ultrasound needle guidance (for injections) is not established in this patient at this time. Therefore, the request is not medically necessary.