

Case Number:	CM15-0177178		
Date Assigned:	09/17/2015	Date of Injury:	02/21/2012
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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 (IW) is a 76 year old male who sustained an industrial injury on 02-21-2012. Medical records indicate the worker is being treated for Bilateral Degenerative Joint Disease-Osteoarthritis, Unspecified Internal Derangement Knee, and Pain in joint lower leg, Meniscus tear knee. Treatment to date has included right knee arthroscopy (05-28-2013), physical therapy, and medications. X-rays of bilateral knees (06-22-2015) showed moderate osteoarthritis of the right knee slightly advanced since last exam on 01-11-2013. In the provider notes of 08-07-2015, the injured worker complains of an increase in medial knee pain, difficulty walking up and down stairs, and knee pain that wakes him up from sleep. On exam, bilateral knees demonstrate mild Varus alignment, full range of motion and strength, and mild tenderness to palpation on the medial aspect of the joint line. The plan of care included in home exercises and intra reticular injections of Supartz x5 in 5 weeks. A request for authorization was submitted 08-13-2015 for Supartz injection, right knee, per 8-07-15 order Qty: 5.00, and Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per 8-07-15 order Qty: 5.00. A utilization review decision 08-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection, right knee, per 8/7/15 order Qty: 5.00: 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) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: Current symptoms and objective findings have good knee range with full motor strength and mild tenderness. X-rays showed only slightly changed findings from previous study. 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. Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of any failed corticosteroid injection performed. The Supartz injection, right knee, per 8/7/15 order Qty: 5.00 is not medically necessary and appropriate.

Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per 8/7/15 order Qty: 5.00: 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) Knee, Hyaluronic Acid Injections, pages 311-313.

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request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of any failed corticosteroid injection performed. As the Supartz injection, right knee, per 8/7/15 order Qty: 5.00 is not medically necessary and appropriate; thereby, the Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per 8/7/15 order Qty: 5.00 is not medically necessary and appropriate.