

Case Number:	CM15-0024944		
Date Assigned:	02/17/2015	Date of Injury:	10/28/1996
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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:

The 60 year old female injured worker suffered an industrial injury on 10/28/1996. She is status post right knee arthroscopy in 2001. The injured worker is having trouble with ambulation due to right knee. Since she has absence of left forearm, she often is unbalanced while walking and carrying objects. She is concerned about falls. Right knee magnetic resonance imaging dated 1/14/15 revealed the following impression, " (1) no meniscal tear (2) mild to moderate medial and patellofemoral osteoarthritis". She is is diagnosed with right knee chondromalacia. Treatment to date has consisted of viscosupplementation injection for the left knee, Celebrex, Ultram, Tylenol and narcotics. The treating provider reported pain, locking and catching of the right knee. On exam there was tenderness. At the time of the 1/20/15 examination, the injured worker complained of moderate pain. An injection of Marcaine was performed. The injured worker is allergic to cortisone. The injured worker is noted to have magnetic resonance imaging of degenerative changes at the patellofemoral articulation as well as medial compartment. Viscosupplementation was requested. The Utilization Review Determination on 2/4/2015 non-certified Supartz injections for right knee, quantity: 3, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections for right knee, quantity: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter (updated 01/30/2015), Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

Decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. ODG further notes that 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). In this case, imaging studies have revealed mild to moderate medial and patellofemoral osteoarthritis. The injured worker does not have evidence of severe osteoarthritis, and the guidelines do not support viscosupplementation for chondromalacia patella. The request for Supartz injections for right knee, quantity: 3 is therefore not medically necessary.