MAXIMUS Federal Services

Case Number:	CM15-0079412		
Date Assigned:	04/30/2015	Date of Injury:	12/13/2010
Decision Date:	06/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 54 year old female who sustained an industrial injury on December 13, 2010. She has reported injury to the left knee and has been diagnosed with knee pain and knee leg sprain/strain. Treatment has included surgery, injections, medications, medical imaging, and aquatic therapy. Examinations were consistent with medial meniscal pathology and subpatellar chondromalacia with mild medial laxity based on examination. X-rays indicated mild tricompartment degenerative changes with a small effusion dated May 2012. November 12, 2012 imaging indicated tricompartment osteoarthrosis and sub patellar chondromalacia. The treatment request included Hyalgan/Supartz injection of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan/Supartz injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Hyaluronic acid.

Decision rationale: Pursuant to the Official Disability Guidelines, Hyalgan supartz injection left knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured workers working diagnoses are degenerative joint disease left me. In a progress note dated October 14, 2014, the injured worker received a supartz Injection with Depomedrol 20 mg. In December 2014 the injured worker had continued inflammation with crepitus and grinding on physical examination. The treating provider stated it was a 15% improvement. Radiographs show early moderate osteoarthritis. Indications for repeat injections include significant improvement for six months or more after a hyaluronic acid injection. The documentation shows the injured worker had minimal relief with continued crepitus and grinding. The treating provider stated there was 15% improvement. Consequently, absent clinical documentation with significant improvement, Hyalgan supartz injection left knee is not medically necessary.