Case Number:	CM15-0095127		
Date Assigned:	05/21/2015	Date of Injury:	11/09/2011
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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(n) 59 year old female, who sustained an industrial injury on 11/9/11. She reported falling off a ladder and injuring her bilateral shoulders, right elbow, right knee, right ankle, neck, low back and left hip. The injured worker was diagnosed as having left knee osteoarthritis. Treatment to date has included a platelet rich plasma injection in the right knee, right knee total arthroplasty in 7/2013, left knee Supartz injections on 10/3/14, 10/10/14 and 10/17/14 and Norco. As of the PR2 dated 4/6/15, the injured worker reports pain in the left knee after walking short distances and early onset of fatigue. She has received Supartz injections in the past with symptomatic relief. Objective findings include left knee pain with range of motion, medial joint line tenderness, small effusion present and patella femoral crepitance. The treating physician requested a Supartz injection x 3 to the left knee with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injection x3 to the left knee with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee Chapter (Updated 02/27/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: Supartz is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided orthovisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided Supartz injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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." ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended." Additionally, ODG states that Hyaluronic acid injections "Generally performed without fluoroscopic or ultrasound guidance." This patient appears to have met guideline recommendations for Supartz injections and has had these injections in the past with good relief. However, guideline recommend against ultrasound guidance for this type of procedure. As such, the request for Supartz Injection x3 to the left knee with ultrasound guidance is not medically necessary.