

Case Number:	CM13-0021222		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2006
Decision Date:	01/31/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services.

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 patient was a 55-year-old male who complained of bilateral knee pain and minimal extremity problems. The patient was seen on 12/12/2013, which documented he had a 2 series of viscosupplementation injections to his knees each giving him 4-6 months relief. The patient had a medical history of cholesterol, pedal edema, hypertension, bilateral knee osteoarthritis, and knee pain. He had a history of surgeries including arthroscopic knee, elbow, gallbladder, and tonsillectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Supartz Injections right knee: 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 and Leg, Hyaluronic acid injections.

Decision rationale: The request for 5 Supartz injection, right knee is non-certified. The patient had previous 2 series viscosupplementation injections to his knees each giving him 4-6 months relief. The patient had no objective results of injections submitted for review. The documentation submitted for review did not address the participation and efficacy of the patient's conservative

care to include medications, physical therapy, and exercise program. The guidelines recommend injections for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months. The patient has a noted history of osteoarthritis. However, documentation supporting the diagnosis was not submitted for review. Given the information provided the request for 5 Supartz injection, right knee is non-certified.