

Case Number:	CM13-0023871		
Date Assigned:	01/10/2014	Date of Injury:	06/07/2008
Decision Date:	05/29/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 47-year-old woman sustained a work-related injury on June 7, 2008. The subsequently she developed with chronic left knee pain. She underwent left knee arthroscopy with a patellar chondroplasty she reported that she had 2 series of Supartz injections on 2010 at 2012. According to a note dated on July 18, 2013, the patient reported decrease knee pain. Her physical examination demonstrated left knee restricted range of motion. There is tenderness to palpation over the lateral joint line and medial joint line of the left knee. The provider requested authorization for Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTIONS TO LT 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), Hyaluronic Acid Injection Section.

Decision rationale: According to the Official Disability Guidelines (ODG) 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. There is no documentation that the patient suffered from osteoarthritis. Furthermore, there is no documentation of benefit from previous 2 injections of hyaluronic acid. Therefore the prescription of Supartz Injections LT Knee are not medically necessary.