

Case Number:	CM13-0028382		
Date Assigned:	12/04/2013	Date of Injury:	03/17/2010
Decision Date:	02/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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. 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:

The claimant is a 45-year-old female patient, s/p injury 10/28/97. The patient most recently (7/19/13) presented with lower extremity pain. She has a history of right foot fracture with the development of complex pain regional syndrome in the right leg. The pain then spread to her left leg. She has severe burning pain in both feet and lower legs. She has been wheelchair bound for several years due to the pain. She has difficulty sleeping due to the pain. The patient has required home health aide for the past 3-4 years. The aid helps for 8 hours a day, 5 days per week, and assists her with personal hygiene tasks, wheelchair transfer, and grocery shopping. The patient is unable to carry out these tasks due to risk of falling; Physical examination revealed the patient is well developed, well-nourished, and in no cardiorespiratory distress. She is alert and oriented x3. The patient comes to the exam room in a motorized scooter. Plan indicates replace home health aide as the current aide injured herself and will not be able to come in. Current diagnosis includes reflex sympathetic dystrophy, insomnia, and CRPS. Treatment to date includes medications and PT. Treatment requested is - Home Health Aide, 8 hrs/day, 5 day/week, Ativan 2mg #15, Cyclobenzaprine-Flexeril 7.5mg #90, Diclofenac Sodium 1.5% Cream, 60 grams, and Hydrocodone/ APAP 10/325mg#24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent, right knee Supartz injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 06/07/13).

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

Decision rationale: Regarding the request for right knee Supartz injection, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, it appears that the prior utilization review non-certified the treatment based on a lack of support for viscosupplementation injections in the management of chondromalacia. It also seems that the reviewer believed the request to be for a repeat series of injections. The medical reports note imaging findings of grade 3 osteoarthritis in addition to the chondromalacia. The provider also noted that the patient has tried cortisone injections, PT, an unloader brace, and anti-inflammatories, but no viscosupplementation has been done. The patient has 5-6/10 pain limiting his activities. The exam findings are not consistent with another form of joint disease. In light of the above, the currently requested right knee Supartz injection is medically necessary.