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| Case Number: | CM13-0029679 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 09/08/2005 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

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 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 patient is a male with date of injury of 09/08/2005. UR dated 09/06/2013 recommends denial for supartz injections. According to [REDACTED] report dated 06/25/2013, patient presents with neck pain with headaches, radiating pain to his left shoulder and left upper extremity, lower back pain that radiates to right LE (lower extremity) and right knee pain. It was noted that patient had "severe right knee pain. However, there is no examination of the right knee. There are 11 progress reports provided for review dated 05/22/2012 to 06/25/2013, unfortunately not one has a physical examination of the knee. The reports similarly note that patient is status post multiple right knee surgeries (date of surgeries not specified) with residual chronic pain. It is also noted that patient is waiting authorization for right knee replacement. Medical records show on 03/13/2013, patient received right knee joint injection with overall 65% decrease of right knee pain. [REDACTED] is requesting a series of five right knee joint injections with Supartz to decrease his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient supartz injections times five (5) to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hyalgan injections

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 injections

Decision rationale: This patient presents with residual chronic right knee pain. There are 11 progress reports provided for review dated 05/22/2012 to 06/25/2013, the reports similarly report "chronic knee pain" or "severe right knee pain". Unfortunately not one report has a physical examination of the knee. ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG recommends Hyaluronic acid injection 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. In this case, the patient recently had these injections to right knee. There is no documentation of duration of relief or functional changes. The patient is also stated to be waiting for knee replacement. Repeating these injections are not recommended if surgery is pending, and if prior injection provided short-duration relief. Recommendation is for denial.