

Case Number:	CM13-0031736		
Date Assigned:	12/04/2013	Date of Injury:	11/18/1996
Decision Date:	01/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 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. 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 65-year-old female who reported a work related injury on 11/18/1996, specific mechanism of injury not stated. The patient's medication regimen includes a Lidoderm patch, Flector patch, Pennsaid liquid, Xanax, Adderall, Levothyroxine, fentanyl patch (dose not stated), Zanaflex 4 mg as needed, Percocet 10/325 mg, Tegretol 100 mg 3 times a day, Seroquel 25 mg twice a day, Lexapro 10 mg once a day, Lamictal 100 mg 3 times a day, and Zestril 50 mg 3 pills at night. The clinical note dated 08/27/2013 reports the patient was seen for an orthopedic followup visit under the care of [REDACTED]. The provider documents the patient returns with continued pain to her neck, back, upper arms, and bilateral knees. The provider documents the knees have severe crepitus. The provider documents previous radiographs have shown severe tricompartmental osteoarthritis. The provider documents the patient does have full range of motion of the bilateral shoulders but her arms are extremely weak. The provider initiated the patient is unable to reach over head with any strength to get things from her kitchen cabinets and frequently drops things. The provider documented the patient needs accessible cabinets at home in her kitchen and bathroom, as she cannot reach her cabinets to get things and do house work. Additionally, the provider documented a request for Supartz injections for the knees. The provider reported radiographically, there was severe tricompartmental osteoarthritis. The patient had previously utilized intra-articular cortisone injections to the knees, which helped for just a few weeks before they wore off. The provider documented the patient reported severe crepitus with range of motion and severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Supartz injections for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg & Knee (Acute & Chronic)..

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 Chapter..

Decision rationale: The current request is not supported. The clinical notes fail to evidence a recent physical exam of the patient's bilateral knees to support the requested intervention. In addition, the clinical notes failed to evidence official imaging studies of the patient's bilateral knees. Furthermore, the clinical notes did not indicate the patient had utilized recent lower levels of conservative treatment for her bilateral knee complaints such as active treatment modalities to include supervised therapeutic interventions. Official Disability Guidelines indicate hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, and acetaminophen to potentially delay total knee replacement but in recent quality studies, that magnitude of improvement appears modest at best. Given all of the above, the request for 5 Supartz injections for the right knee is not medically necessary or appropriate.

5 Supartz injections for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg & Knee (Acute & Chronic)..

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 Chapter..

Decision rationale: Again, the current request is not supported. The clinical notes fail to evidence a recent physical exam of the patient's bilateral knees to support the requested intervention. In addition, the clinical notes failed to evidence official imaging studies of the patient's bilateral knees. Furthermore, the clinical notes did not indicate the patient had utilized recent lower levels of conservative treatment for her bilateral knee complaints such as active treatment modalities to include supervised therapeutic interventions. Official Disability Guidelines indicate hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, and acetaminophen to potentially delay total knee replacement but in recent quality studies, that magnitude of improvement appears modest at best. Given all of the above, the request for 5 Supartz injections for the left knee is not medically necessary or appropriate.

Kitchen cabinets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (a)..

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 Chapter..

Decision rationale: The current request for kitchen cabinets for the patient is not supported. This is not evidenced as a medical necessity, as Official Disability Guidelines indicate environmental modifications are considered not primarily medical in nature. Given the above, the request for kitchen cabinets is not medically necessary or appropriate.