MAXIMUS Federal Services

Case Number:	CM13-0047223		
Date Assigned:	03/21/2014	Date of Injury:	09/03/2009
Decision Date:	06/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old with an injury date on 9/3/09. Based on the most recent progress report included, on 6/14/10 provided by [redacted], the diagnoses are back contusion and lower back pain. The most recent exam provided, dated 6/14/10, showed the patient had back pain, but no knee symptoms were observed. [redacted] is requesting (R) knee Suparz injections x3. The utilization review determination being challenged is dated 11/6/13 and denies injections due to lack of formal osteoarthritis diagnosis, only general tenderness noted in knee exam, and no mention of failure of conservative treatments or anticipated TKA. [redacted] is the requesting provider, and he provided treatment reports from 2/6/10 to 2/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) KNEE SUPARTZ INJECTIONS X3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hyaluronic Acid Injections.

Decision rationale: This patient presents with lower back pain radiating down left lower extremity and is s/p discectomy in 1999. The provider has asked (R) knee Suparz an injection x3 but RFA is not included in provided reports. A review of the reports, all of which date 3 years prior, show patient had severe back pain radiating to left leg, but no knee pain reported. No MRIs or x-rays of knee were included. ODG guidelines recommend hyaluronic acid injections for severe osteoarthritis of the knee, who haven't respond to conservative treatments and to potentially delay total knee replacement. In this case, the provider has asked for (R) knee Suparz injections x3 but does not include evidence of any knee pain in provided reports. Due to lack of documentation, the request is not medically necessary.