

Case Number:	CM13-0049324		
Date Assigned:	12/27/2013	Date of Injury:	11/25/2010
Decision Date:	02/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	11/07/2013

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.

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 56-year-old male who has been receiving treatment for continued bilateral knee with mild improvement on the left side after having received one Supartz injection 1 week prior to the 08/05/2013 clinical notes. The patient further stated that he has continued right knee pain, low back pain that radiates into his legs with a feeling of cramping and tightness in the left calf. They also stated he has tenderness to the left ankle at the Achilles tendon at the insertion over the calcaneus with calcium deposit that was noted previously on an x-ray. The patient was positive for sciatic tension test to the left leg greater than the right, also has tenderness to the lumbar spine paravertebral muscles, and joint line tenderness to both knees, greater to the right side. The patient was also noted as having tenderness to the left Achilles tendon and tenderness to the calcaneus posteriorly. On the lower extremity disability questionnaire, the patient marked that he has moderate to severe difficulty in every area that was questioned. This was anything from performing activities of daily living, to ambulating, to getting in and out of a vehicle. The patient also marked that he is unable to perform any heavy activities around his home, cannot perform any squatting maneuvers, and is unable to perform walking up to at least 1 mile. The physician is now requesting 1 series of 5 Supartz injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Series of 5 Supartz Injections to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Hyaluronic acid injections.

Decision rationale: Under Official Disability Guidelines, it states that patients experiencing significantly symptomatic osteoarthritis, but who have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments and are intolerant of these therapies, for example, gastrointestinal problems related to anti-inflammatory medications after at least 3 months would be candidates for a hyaluronic acid injection. It further states that a repeat series of injections must show documentation of significant improvement and symptoms for 6 months or more, and if symptoms recur, it may be reasonable to do another series. The documentation notes that the patient has undergone one Supartz injection to the right knee. However, there are no objective measurements pertaining to the efficacy of this procedure. Furthermore, there is no documentation stating the patient has undergone at least 3 months of conservative therapy prior to requesting this service. Therefore, at this time, the requested service does not meet guideline criteria for 1 series of 5 Supartz injections to the right knee. As such, the requested service is non-certified.