

Case Number:	CM13-0067765		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2004
Decision Date:	04/22/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic Surgery 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 61-year-old male who reported injury on 04/01/2004. The mechanism of injury was not provided. The patient underwent supartz injections in 2012. The patient documentation of 09/30/2013 revealed the patient had degenerative changes at the left knee with 5 degrees of varus angulation and severe left patellofemoral DJD. The patient had 1+ effusion and lacked full extension by 5 degrees. The diagnosis was noted to be very severe DJD of the left knee, and the discussion and treatment plan included viscosupplementation for the left knee, a series of 5 with ultrasonic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTIONS WITH ULTRASOUND GUIDANCE OF THE LEFT KNEE SERIES OF 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

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

Decision rationale: Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis that has not responded adequately to recommended conservative pharmacologic and nonpharmacologic treatments. They are generally performed with fluoroscopic or ultrasound guidance. The patient should have documentation of severe osteoarthritis including either bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of synovium, and be over 50 years of age. A repeat series of injections is recommended if there is documented improvement in the symptoms for 6 months or more and symptoms recur. Clinical documentation submitted for review failed to indicate the patient had significant improvement in symptoms. There was lack of documentation indicating the objective functional benefit received from the prior injections in 2012. Given the above, the request for Supartz injections with ultrasound guidance of the left knee series of 5 is not medically necessary.