

Case Number:	CM14-0101175		
Date Assigned:	07/30/2014	Date of Injury:	10/08/2006
Decision Date:	10/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine and is licensed to practice in Tennessee, Florida and 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 injured worker is a 69 year old female who sustained an injury to her left knee on 10/08/06 due to repetitive motion. Clinical note dated 06/05/14 reported that the injured worker has been diagnosed with severe progressive arthritis. She is status-post left hip replacement dated 04/25/14. The injured worker began a regimen of postoperative physical therapy on 05/07/14. The clinical note dated 06/05/14 reported that the injured worker continued to complain of left knee pain. It was noted that the left hip wound and she has some groin maceration from her significant weight loss. The injured worker continued to lose weight. The treating physician noted that he would like to get her into inpatient therapy for the left hip, at least once a week for the next 4-6 weeks. Synvisc injections were ordered for the knee due to her severe progressive arthritis. It was noted that the injured worker wished to hold off knee surgery as long as possible. Physical examination noted lower extremities within normal limits, except for hip showing severe arthritis on x-ray; limited motion about the groin and pain with rotation; distal neural vascular exam is intact. There was no recent detailed physical examination of the left knee provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection series of 5, left knee 1x a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG- Treatment for Workers'

Compensation, Online edition, chapter: Knee and Leg, Hyaluronic Acid Injections, Criteria for Hyaluronic Acid Injections

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: The request for Supartz injection series of 5, left knee 1x a week for 5 weeks is not medically necessary. The previous request was denied on the basis that while the injured worker complained of left knee pain the records submitted for review did not contain specific objective and radiographic findings suggestive of symptomatic severe osteoarthritis of the knee. Also, there was no evidence in the medical records submitted that the injured worker has had conservative treatment for the left knee since medications, physical therapy, and Cortico steroid injections prior to the proposed Visco supplementaton injections. In consideraton of the foregoing issues and reference evidence based practice guidelines, the request was not deemed as medically appropriate. The Official Disability Guidelines states that treatment with Hyaluronic acid injections is limited to injured workers who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (EG, exercise) and pharmacologic treatments or are intolerant of these therapies (EG, gastrointestinal problems related to anti-inflammatory medications), for after at least 3 months. There must be documented symptomatic severe osteoarthritis of the knee. There also must be documentation that the injured worker has failed to adequately respond to aspiraton and injection of interarticular steroids. There was no indication that the injured worker is not currently a candidate for total knee replacement or has failed previous knee surgery for their arthritis. Given this, the request for Supartz injection series of 5, left knee 1x a week for 5 weeks is not indicated as medically necessary.