

Case Number:	CM14-0104554		
Date Assigned:	09/24/2014	Date of Injury:	09/15/2009
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Surgery, Fellowship Trained in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 59-year-old male who reported an injury on 09/15/2009. The mechanism of injury was reportedly a crush injury of the left lower extremity. His diagnoses were left knee pain, history of a fracture, and unspecified arthropathy of the lower leg. His past treatments included steroid injections and hyaluronic acid injections. His diagnostic tests include numerous x-rays of the left extremity, along with CT of the lower extremity. In 09/2009, he had an irrigation and debridement of an open fracture, intramedullary rodding using suprapatellar approach, and in 10/2010, he underwent removal of a proximal tibial locking screw, as well as osteotomy of the fibula. On 06/24/2014, the injured worker reported he was there for his third injection and noted some relief. The physical examination of the left knee revealed full range of motion, no effusion, the patella was normal, and there was no joint instability or joint line tenderness. His medications included lisinopril, atorvastatin, ibuprofen, omega 3, Cialis, aspirin, and fluticasone. The treatment plan was for Supartz injection to the left knee. The rationale for the request was that the injured worker had previous injections and noted relief. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections (Left Knee) (1x5): 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) Knee and Leg Procedure Summary Last Updated 06/05/2014

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, Hyaluronic acid injections

Decision rationale: As stated in the Official Disability Guidelines, hyaluronic acid injections may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, such as exercises, NSAIDs, or acetaminophen. Criteria for injections include failure to adequately respond to aspiration and injection of intra-articular steroids. On 06/24/2014, the injured worker received his third Supartz injection out of his fifth scheduled, which the injured worker reported some relief. It was noted that the injured worker previously had hyaluronic acid injections; however, there was insufficient documentation stating if he had any benefit from the injections. Furthermore, there was a lack of objective documentation that stated that the injured worker failed conservative care to include exercise and medications. The clinical information did not provide details that specified whether or not the injured worker had significant improvement in symptoms for 6 months or more after his last set of injections. As such, the request for Supartz injections for the left knee is not medically necessary.