

Case Number:	CM14-0112729		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2013
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 56 year old male who was injured on 03/11/13. The mechanism of injury is not described. The injured worker is status post left knee arthroscopy; the date of surgery is not noted. Records include six physical therapy notes dating 01/09/14 through 01/21/14. It is noted the injured worker had been given instruction for a home exercise program. Clinical note dated 02/28/14 states the injured worker had significant improvement in function with physical therapy, but notes that it was stopped. Further formal physical therapy was requested and denied. Clinical note dated 05/16/14 reports the injured worker complains of moderate left knee pain rated at a 3/10. Physical examination reveals tenderness at the medial and lateral facets of the patella and slightly at the medial line. There is no significant crepitance. There is no warmth or erythema. There is no instability to varus or valgus stress. ROM is 120 degrees flexion and -5 degrees extension. This note states Supartz injections were discussed and the injured worker declined. Clinical note dated 06/20/14 notes the injured worker is performing exercises on her own and is not taking any medications as she prefers not to take medications. The injured worker is working regular duty. The injured worker rates her left knee pain at a 3/10. Physical examination notes tenderness at the superior lateral knee, lateral facet of the patella and the anteromedial joint line. Strength is 4/5 for extension and 5/5 for flexion. ROM is unchanged. Sensation is intact. There is a mild left antalgic gate. This note states the injured worker now wishes to proceed with Supartz injections. A request for a series of 5 Supartz injections was submitted and subsequently denied by Utilization Review dated 07/08/14 citing no submitted radiographic or physical examination findings to support a diagnosis of severe osteoarthritis of the left knee and no evidence the injured worker had failed to respond to conservative measures such as medications, physical therapy and corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections, Left Knee x5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, section on Hyaluronic acid injections

Decision rationale: The request for Supartz Injections, Left Knee x5 is not recommended as medically necessary. MTUS and ACOEM do not specifically address the indications for the use of hyaluronic acid injections. ODG states such injections may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen). Per this guideline, evidence of symptomatic severe osteoarthritis of the knee should be documented with physical examination findings such as bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion and less than 30 minutes of morning stiffness. The records submitted for review did not reveal evidence of bony enlargement or crepitus or subjective record of morning stiffness. As such, records do not reveal findings indicative of severe, symptomatic osteoarthritis of the injured worker's left knee. Moreover, records indicate the injured worker did obtain significant functional benefit with physical therapy. Records do not indicate the injured worker failed to respond to medications and notes the injured worker prefers not to take medications. Based on the clinical information provided, medical necessity of a series of 5 Supartz injections to the left knee is not established.