MAXIMUS Federal Services

Case Number:	CM14-0154837		
Date Assigned:	09/24/2014	Date of Injury:	11/29/1990
Decision Date:	12/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 75-year old male with an injury date of 11/29/90. Based on the 08/28/14 progress report provided by treating physician, the patient complains of right knee pain. Physical examination or objective findings not documented in medical records. Patient's medications include Aspirin, Atacand, Lipitor, Sotalol HCl, Digoxin, Nitrostat, Androderm patch, and Ambien. Per progress report dated 08/14/14, patient had joint injection of Methylprdnisolone Actat and Dexethosone Sodim Phosphate, results not discussed. Physician recommended Supartz injection x 5 on 08/28/14. MRI of the Right Knee 08/27/14- mild to moderate osteoarthritis of the medial tibiofemoral compartment- mild osteoarthritis of patellofemoral compartment- mild chondrocalcinosis of menisci all on the right.Diagnosis 08/28/14- primary Osteoarthrosis, lower leg.The utilization review determination being challenged is dated 09/09/14. Treatment reports were provided from 08/14/14 - 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 ultrasound guided Hyalgan / Supartz injections: 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 (Acute and Chronic) 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 & Leg Chapter, Hyaluronic acid injections

Decision rationale: The patient presents with right knee pain. The request is for 5 Ultrasound Guided Hyalgan/Supartz Injections. MRI of the Right Knee dated 08/27/14 revealed mild to moderate osteoarthritis of the medial tibiofemoral compartment, mild osteoarthritis of patellofemoral compartment and mild chondrocalcinosis of menisci all on the right. Per progress report dated 08/14/14, patient had joint injection of Methylprednisolone Actat and Dexethosone Sodim Phosphate, results not discussed. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter states: "Hyaluronic acid injections - Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and Temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per Request for Authorization form dated 08/28/14, physician is requesting 5 Ultrasound guided Supartz injections for the diagnosis of primary localized osteoarthritis, lower leg. Per MRI of the Right Knee dated 08/27/14, patient has osteoarthritis of patellofemoral compartment, and moderate OA of the tib/fem compartment. The injections may be indicated but the request is for U/S guidance. ODG states that fluoroscopic or U/S guidance is generally not recommended. The physician does not explain why U/S guidance is needed. 5 ultrasound guided Hyalgan / Supartz injections are not medically necessary.

5 office visit, follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

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, Office visits

Decision rationale: The patient presents with right knee pain. The request is for 5 OFFICE VISIT FOLLOW UP. MRI of the Right Knee dated 08/27/14 revealed mild to moderate osteoarthritis of the medial tibiofemoral compartment, mild osteoarthritis of patellofemoral compartment and mild chondrocalcinosis of menisci all on the right. Per progress report dated 08/14/14, patient had joint injection of Methylprednisolone Actat and Dexethosone Sodim Phosphate, results not discussed. ODG-TWC, Knee & Leg (Acute & Chronic) states: "Office visits: Recommended as determined to be medically necessary. Evaluation and management

(E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. .. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible."Per Request for Authorization form dated 08/28/14, physician is requesting 5 Ultrasound guided Supartz injections for the diagnosis of primary localized osteoarthritis, lower leg, and 5 follow up visits. Office visits are recommended by guidelines, as determined to be medically necessary. 5 office visit, follow-up is medically necessary.