MAXIMUS Federal Services

Case Number:	CM14-0161643		
Date Assigned:	10/07/2014	Date of Injury:	12/15/2002
Decision Date:	12/26/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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:

According to the records made available for review, this is a 48-year-old male with a 12/15/02 date of injury. At the time (7/11/14) of request for authorization for series of Supartz injection to the bilateral knees x 5, there is documentation of subjective (bilateral knee pain with left knee swelling) and objective (decreased left knee muscle strength and decreased bilateral knee range of motion) findings, current diagnoses (bilateral knee mild to moderate post-traumatic osteoarthritis), and treatment to date (previous Supartz injection and medications). Medical reports identify that previous Supartz injection provided 80% of pain relief with increased functionality, which lasted for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Supartz injection to the bilateral knees x 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 (ODG), 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, Hyaluronic acid injections

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of diagnoses of bilateral knee mild to moderate post-traumatic osteoarthritis. In addition, given documentation that previous Supartz injection provided 80% of pain relief with increased functionality for six months, there is) documentation of significant improvement in symptoms for 6 months or more, and symptoms recur. However, there is no documentation of a rationale identifying the medical necessity of the requested x5 series of injections, which exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for series of Supartz injection to the bilateral knees x 5 is not medically necessary.