

Case Number:	CM14-0165626		
Date Assigned:	10/10/2014	Date of Injury:	04/04/1996
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 4-4-96. A letter dated 3-28-14 notes the claimant has chronic joint effusion. He has a very advanced osteoarthritis by x-ray involving the entire compartment not just the patellofemoral compartment. His medial joint line is what is tenderer. His range of motion is 5-95 degrees. The claimant has had cortisone and Visco supplement injection in the past. He has chronic venous stasis issues which periodically develop into ulcers that require compression wraps and it was not felt that he was suitable for total knee replacement. An office visit on 8-29-14 notes the claimant was provided with Supartz injection #1. The claimant has left knee mild effusion, patellofemoral crepitus, range of motion 5->95, varus alignment, joint line tenderness. Office visit on 9-5-14 notes the claimant had a Supartz injection #1 the previous week. The claimant was provided with Supartz #2 on this date. Recommendations were made for two additional Supartz injections. The claimant was provided with Supartz injections on 9-12-14, (injection #3) 9-19-14 (injection #4) and 9-26-14 (injection #5).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Supartz injections #2 (Repeat 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee chapter - Hyaluronic acid injections

Decision rationale: The ODG notes that repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. This claimant has been treated with Visco injections in the past and there is an absence in documentation noting his functional improvement or response to prior injections. Therefore, the medical necessity of this request is not established.