MAXIMUS Federal Services

Case Number:	CM14-0028520		
Date Assigned:	06/16/2014	Date of Injury:	10/15/1998
Decision Date:	07/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 68 year old female who was injured on 10/15/1998. She sustained an injury when she slipped and fell at work. Prior medication history included Mobic and Neurontin. Ortho visit dated 10/30/2013 states the patient is noted to have bicompartmental arthritis of the left knee. She has been experiencing pain for more than 10 years and she describes it as constant. On exam, she -5 to 125 degrees of motion; negative pivot-shift, 1+ patellar crepitation, 1+ lateral joint line crepitation. She has been receiving viscosupplements for years. She has been recommended for a new series of viscosupplements which has kept her pain to a minimum for osteaarthritis of the left knee in the past. Prior utilization review dated 02/07/2014 states the request for supartz injection weekly x 5 left knee with ultrasound guidance is not authorized as there is no documented significant body habitus that would merit ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION WEEKLY X 5 LEFT KNEE WITH ULTRASOUND GUIDANCE: 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), Treatment Index, 12th Edition (web), 2014, Knee & Leg, 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 and Leg, Hyaluronic acid injections, Corticosteroid injections.

Decision rationale: The CA MTUS guidelines do not specifically discuss the issue in dispute. The ODG guidelines state regarding criteria for hyaluronic acid injections state "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." In addition, the section regarding intraarticular glucocorticosteroid injections state that "ultrasound guidance for knee joint injections is generally not necessary." The provided documentation does not report a significant improvement in symptoms for 6 months or more. There is no provided documentation of necessity of ultrasound guidance. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.