MAXIMUS Federal Services

Case Number:	CM14-0038619		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2010
Decision Date:	07/31/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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:

The patient is a 55 year-old female with a date of injury of 6/20/10. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 1/17/14, lists subjective complaints as continued pain in the bilateral knees. The patient has been attending physical therapy for both knees, of which she has completed at least seven visits. Examination of the left knee revealed mild patella femoral joint crepitation, mild anterior medial joint line tenderness, mild posterior joint line tenderness, mild lateral femoral origin tenderness. Effusion was present in the left knee joint with palpable medial osteophytes. There was normal physiological extension range of motion. Examination of the right knee revealed mild anterior medial joint line tenderness and effusion in the knee joint with palpable medial osteophytes. There was no evidence of instability and normal range of motion. The patient underwent a medial and lateral meniscectomy and chondroplasy on 8/11/10. The patient has also had hyaluronic acid injections into both of her knees on 11/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTIONS X5- BILATERAL KNEES- USING ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, WORK LOSS DATA INSTITUTE,LLC SECTION KNEE AND LEG (ACUTE & CHRONIC).

OFFICIAL DISABILITY GUIDELINES- KNEE 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.

Decision rationale: The Official Disability Guidelines contain numerous criteria which are used to evaluate the appropriateness of hyaluronic acid injections to the knee. The medical record does not contain the necessary documentation to recommend hyaluronic acid injections. Specifically, significant improvement in symptoms for six months or more, and if symptoms recur, additional injections may be appropriate. As such, the request is not medically necessary.