

Case Number:	CM14-0044166		
Date Assigned:	07/02/2014	Date of Injury:	02/25/1986
Decision Date:	07/31/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 Pain Management 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:

This is a male patient with the date of injury of February 25, 1986. A Utilization Review was performed on April 4, 2014 and recommended denial of 1 series of 3 Supartz injections to the bilateral knees between 3/19/2014 and 6/2/2014. An Office Visit Note dated March 19, 2014 identifies History of Present Illness of right knee pain. He completed Supartz 7/2013. He reports relief from the injection. He reports his pain returned 3-4 weeks ago. Physical Exam identifies trace effusion on the right knee. TTP over the medial joint lines and PF. 0-110 ROM. Diagnoses identifies degenerative joint disease, knees bilateral. Plan identifies repeat series of Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 3 Supartz Injections to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Criteria for hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for 1 series of 3 Supartz Injections to the bilateral knees, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Repeat injections are appropriate if there is documented significant improvement in symptoms for 6 months or more after prior injections and symptoms recur. Within the documentation available for review, the patient underwent Supartz injections in July of 2013 with relief noted. Pain was noted to have returned 3-4 weeks prior to the March 2014 note. However, there is no clarification as to the degree of relief obtained, and no significant improvement in symptoms and/or function is noted. As such, the currently requested 1 series of 3 Supartz Injections to the bilateral knees is not medically necessary.