

Case Number:	CM14-0044431		
Date Assigned:	07/02/2014	Date of Injury:	08/21/2013
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
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 and is licensed to practice in Illinois. 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 injured worker is a 51-year-old male who reported an injury 08/21/2013. The mechanism of injury was not provided. The diagnoses were not notated. Prior therapy included medications and surgery. On 11/04/2013, the injured worker underwent left knee arthroscopy. Upon examination there was no effusion, warmth, erythema of the bilateral knee. The range of motion for the left knee was normal. There was no tenderness of the medial or lateral joint line and it was positive for crepitus with tenderness at the patellofemoral joint. There was no calf tenderness. On 07/03/2014, the injured worker presented with stiffness and pain to the left knee. The provider recommended an ultrasound guided Supartz injection for the left knee. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Supartz injection for the left knee (3 series): 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 Chapter, 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 & Leg, Supartz.

Decision rationale: The request for an ultrasound guided Supartz injection to the left knee 3 series is not medically necessary. The Official Disability Guidelines recommend Supartz injections or hyaluronic acid injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to the recommended conservative treatments or to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The included documentation does not indicate the injured worker has a diagnosis that is congruent with the guideline recommendations for a Supartz injection for the left knee. Additionally, examination of the injured worker was not provided detailing current deficits of the left knee to warrant a Supartz injection. As such, the request is not medically necessary.