

Case Number:	CM14-0060261		
Date Assigned:	07/09/2014	Date of Injury:	06/20/2010
Decision Date:	09/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family 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:

This is a 56 year old female patient who reported an industrial injury to the bilateral knees on 6/20/2010, over four years ago, attributed to the performance of her job tasks as a Sheriff's Deputy. The patient was evaluated in follow-up and complained of left shoulder pain left shoulder weakness; left wrist pain, left wrist weakness; bilateral knee pain; bilateral knees stiffness/swelling; weakness in both knees. The objective findings on examination included left knee with mild patellar femoral joint crepitation; mild anterior medial joint line tenderness; mild posterior lateral joint line tenderness; mild lateral femoral original tenderness; effusion present; palpable medial osteophytes; no instability; negative drawer testing; range of motion quadriceps strength 4/5; negative McMurray's test; right knee with mild anterior medial joint line tenderness; effusion present; palpable medial osteophytes; no instability; negative drawer sign; range of motion of the knee was 0-130; mild atrophy of the quadriceps; hamstrings and quadriceps strength 5/5; negative McMurray's test; negative patella compression test; positive crepitation; patellar stable. The diagnosis was osteoarthritis unspecified and worsening. The treatment plan included Supartz injections to the bilateral knees one per week times five weeks.

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: 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 Under the Heading of Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240, 337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections.

Decision rationale: The patient is diagnosed with osteoarthritis of the bilateral knees and is being recommended Supartz injections for continued bilateral knee pain directed to the diagnosis of unspecified osteoarthritis. The clinical narrative provided no objective findings to the bilateral knee to support medical necessity of the requested viscosupplementation. The OA of the bilateral knee was assessed as mild in this 56-year-old patient and did not support the medical necessity for viscosupplementation. There is no indication that the patient is attempting to delay a TKA. The patient is noted to be wearing a knee brace. There is no demonstrated medical necessity for the use of Supartz injections for the treatment of osteoarthritis of the bilateral knee for early degenerative changes. The patient is documented to be worsening with no significant objective findings on examination of painful OA of the bilateral knee. The provider did not provide x-ray evidence of arthritic changes to the bilateral knees. There was no assessment of the grade of chondromalacia, or OA of the bilateral knees. The provider did not document objective evidence to support the medical necessity of viscosupplementation for the treatment of the bilateral knee in relation to the criteria recommended by the California MTUS. There is no Grade of OA documented or any objective findings on examination. There is no x-ray evidence of medial compartment collapse. The patient has ongoing bilateral knee pain; however, there has been no documented failure of NSAIDs corticosteroid injections. The criteria recommended for the use of viscosupplementation by the California MTUS is not documented on the clinical narrative upon which Supartz injections were recommended in the treatment plan. The request for authorization of the Supartz injections is not supported with objective evidence not demonstrated to be medically necessary for the treatment of probable early degenerative joint disease as recommended by the California MTUS and the Official Disability Guidelines. The patient is diagnosed with a knee osteoarthritis, however, it is not clear by the provided clinical notes what conservative treatment has been attempted by the patient in relation to the bilateral knee prior to the request for viscosupplementation. There is objective evidence provided by doctor to support the medical necessity of viscosupplementation to the knee at this time. It is not clear that the patient has participated in a self-directed home exercise program for conditioning and strengthening in relation to the knees. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as, arthroscopic debridement. Younger patients wanting to delay total knee replacement.