

Case Number:	CM14-0066960		
Date Assigned:	07/11/2014	Date of Injury:	10/28/2011
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 General Surgery, has a subspecialty in Surgical Critical care, and is licensed to practice in Texas. 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 records indicate the injured worker is a 57 year old male injured on 10/28/11 due to a fall. The most recent clinical note by primary treating physician dated 07/09/14, states the injured worker continues to complain of right knee pain. On this day, the decision was made to perform Supartz injection # 5. Inspection of right knee indicates no effusion, no mass, no induration, no warmth, no erythema, and normal axial alignment. No crepitus or pain with motion to right knee. Flexion; 5/5 and extension to right knee; 5/5. No hamstring weakness, extension lag, and no flexion weakening. Patellar signs of right knee: no patellar swelling, superior pole patellar tenderness, inferior pole patella tenderness, patellar tendon tenderness, and retropatellar grating and inhibition test negative. Meniscal signs of right knee; no lateral joint line tenderness and McMurray test negative. Diagnoses include osteoarthritis of right knee. The request for ultrasound guided supartz injection, times 5 to the right knee was denied in the previous utilization review dated 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided supartz injection x 5 to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid injections.

Decision rationale: The documentation provided does not support the use of Supartz (Hyaluronic Acid injections) x 5. The documentation of 7/9/14 notes the claimant has "Gait and Station" as "Nonantalgic." Knee ROM is "no crepitus or pain with motion and normal." So it is not clear what pain is being addressed by Supartz injections. Finally in review of the other materials, the claimant has had previous Supartz injections on 7/9/14, 6/25/14, 6/18/14, 6/11/14, and 4/14/14. ODG another evidence based guideline holds that repeat series of injections would not be necessary unless the previous series provided a significant relief of symptoms for 6 months or more. So another set of Supartz should not be prudent or necessary until after 1/2015 evaluation documenting 6 months of relief, if at all. If there is less than 6 months relief of symptoms then that would be considered a failure of this modality. (Nota bene)The California Technology Assessment Forum (CTAF) concluded that treatment of knee OA with injections of intra-articular HA does not meet CTAF criteria for safety, efficacy and improvement in health outcomes for progression to knee replacement or progression of disease. Therefore the request is not medically necessary.