

Case Number:	CM14-0069637		
Date Assigned:	07/14/2014	Date of Injury:	05/26/2011
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 Geriatrics and is licensed to practice in New York. 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 47 year old man with a date of injury of 5/26/11. There is a letter from his orthopedic physician on 3/28/14 to request a Supartz Injection series for the right knee for patellofemoral arthritis symptoms in addition to low back, left hip and bilateral knee pain. There was no exam documented and he was dispensed Norco at the visit. Review of prior records shows unremarkable right knee x-rays and knee exam. His diagnoses include status post left knee arthroscopy x 3 and internal derangement right knee. At issue in this review is the request for Right Knee Supartz Injection times five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Supartz Injection times five (5): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Up to date: Treatment of osteoarthritis resistant to initial pharmacologic therapy.

Decision rationale: Intra-articular hyaluronate injections are used in individuals with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen or NSAIDs or received significant relief from intra-articular glucocorticoids, and in those who no longer respond to these medications. There is concern with the quality of clinical trials and modest level of benefit seen with these injections and also, the safety and efficacy of repeat injections and what interval to repeat them is not clear. In this injured worker, it is not supported that other medications or steroid injections have failed. He also does not have a diagnosis of osteoarthritis of the right knee. The medical necessity of Supartz Injections x 5 to the right knee is not substantiated in the records. Therefore the request is not medically necessary.