

Case Number:	CM14-0078305		
Date Assigned:	07/18/2014	Date of Injury:	08/23/2011
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 67 year-old female with a work injury date of 8/23/2011. The diagnoses include right wrist sprain/strain, lumbar disc disease, lumbar facet syndrome, bilateral SI jointarthropathy, right knee internal derangement, lumbar stenosis, and right hand carpometacarpal osteoarthritis. Under consideration is a request for viscosupplementation to the bilateral knees with Supartz injections 3 times for each knee. A 01/07/2014 AME states that the patient was diagnosed with rheumatoid arthritis. She has been treated with methotrexate. X-rays of her right knee do show medial arthritis. X-rays of her left knee also show some diffuse arthritis. She does have some chondromalacia patella bilaterally. She may benefit from cortisone injection/viscosupplementation. If she develops progressive end stage arthritis on the right; she may require knee replacement. Weight bearing lateral patellar views of both knees was obtained. They were compared to prior x-rays done November 15, 2012 and show bilateral mild arthritis. There is 4 mm of medial joint space on the right and 5 mm on the left. Lateral tracking of the patella is noted bilaterally. No significant patellofemoral narrowing is noted. No significant change is noted when compared to prior x-rays done In November of 2012. A 01/22/2014 note states that for the knees, the patient may benefit from cortisone and viscosupplementation injections. Oral or topical anti-inflammatory such as Voltaren gel and Pennsaid would be appropriate. If she develops end-stage arthritis on the right, she may require knee replacement. A 03/19/2014 note states that the cortisone injections given to her knees were very helpful. However, now they seem to be wearing off and she is complaining of grinding, swelling, and pain in bilateral knees. The examination of bilateral knee reveals moderate effusion. There is tenderness to palpation over the medial and lateral joint line. There is crepitus with range of motion of the knee. At this point in time considering failure of conservative treatment including

non-steroidal anti-inflammatory medication, activity modification, physical therapy and cortisone injections there is a request for viscosupplementation injections to her bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation to the bilateral knees with Supartz injections 3 times for each knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pages 337-340; Official Disability Guidelines (ODG), Knee and Leg Chapter.

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

Decision rationale: The guidelines state that there should be documented symptomatic severe osteoarthritis of the knee; which requires knee pain and at least 5 of the following; bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer (agglutination method), or synovial fluid signs (clear fluid of normal viscosity and wbc less than 2000/mm³). The documentation does not reveal objective documentation of the above findings from imaging reports. Furthermore, the documentation indicates that the patient had a high rheumatoid factor. It is unclear what the titer was from the documentation but the ACR criteria for osteoarthritis are a rheumatoid factor less than 1:40 titer (agglutination method). The request for Viscosupplementation to the bilateral knees with Supartz injections 3 times for each knee is not medically necessary.