MAXIMUS Federal Services

Case Number:	CM14-0189984		
Date Assigned:	11/21/2014	Date of Injury:	08/14/2012
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Emergency Medicine 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 injured worker is a 65-year-old male who reported an injury on 08/14/2012 due to kneeling on cement for over 6 hours. The patient is diagnosed with severe degenerative joint disease of the bilateral knees. The physical examination dated 10/07/2014 revealed that the patient is status post right total knee arthroplasty on 04/21/2014 and felt he was doing well. The injured worker complained that his left knee was bothering him and he was using a cane in his right hand due to the left knee pain. Range of motion of the right knee showed extension to 110 degrees of flexion with no effusion. The left knee lacked 5 degrees of full extension and 90 degrees of flexion. There was crepitus with range of motion and tenderness diffusely around the knee. The Request for Authorization is dated 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Supartz Injection X 5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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, Hyaluronic Acid Injections

Decision rationale: The decision for left knee Supartz injection x 5 is not medically necessary. The California MTUS/ACOEM do not specifically address Hyaluronic acid injections. The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. The clinical documentation submitted for review did indicate that the patient had failure to activity modifications, a cane for ambulation assistant and to NSAID therapy for a period of greater than 3 months. Furthermore, documents note the consideration for arthroplasty of the knee, the consideration for injections prior to surgery is reasonable. Therefore, this request is medically necessary.