

Case Number:	CM14-0190662		
Date Assigned:	11/24/2014	Date of Injury:	07/12/2012
Decision Date:	01/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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:

The injured worker (IW) is a 55-year-old woman with a date of injury of July 12, 2012. The mechanism of injury was a slip and fall on oil while at work. The IW is status post right knee medial meniscectomy on August 12, 2013, and right shoulder arthroscopic subacromial decompression and acromioclavicular joint resection, intraarticular debridement of labrum and undersurface of the rotator cuff, and intraarticular synovectomy of the anterior, posterior and superior on December 30, 2013. Pursuant to a progress note dated October 6, 2014, the IW complains of right knee pain and right shoulder pain. She reports popping, clicking, and locking in her knee, as well as difficulty sleeping. Documentation states that she still has not presented with her QME, and she has not received her physical therapy, which was requested. Physical examination revealed right knee effusion and boggy synovitis. Range of motion is full extension to 120 degrees of flexion. She has tenderness to palpation on the medial and lateral joint line. She has TTP specifically increased over the superior lateral facet. Crepitus and grind test were positive. MRI of the right knee dated September 24, 2014 revealed extensive osteoarthritis in the medial and lateral compartments as well as patellofemoral compartment. She has tear of the medial and lateral meniscus, which are degenerative associated with a baker's cyst. The IW has been diagnosed with osteoarthritis of the right knee with degenerative meniscus tears. The provider is recommending conservative management including physical therapy X 6 and anti-inflammatories. He is also requesting authorization for Supartz injections X 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections times 5 to right knee: 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 & Leg (updated 10/27/14) Hyaluronic Acid Injections

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 Section, Supartz Injections

Decision rationale: Pursuant to the Official Disability Guidelines, Supartz injections times five to the right knee were not medically necessary. Supartz (hyaluronic acid injections) injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol). The ODG enumerates the criteria for hyaluronic acid injections. They include, are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (exercise) and pharmacologic treatments, after at least three months; documented symptomatic severe osteoarthritis of the knee; pain interferes with functional activities, not attributed to other forms of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids; repeat series of injections are indicated if documented significant improvement in symptoms for six months or more, and symptoms recur, it may be reasonable to do another series. See guidelines for additional details. In this case, the injured worker is 55 years old and sustained an injury on July 12, 2012. The patient has been treated with medications including ibuprofen, Naprosyn and Vicodin, a neoprene brace, physical therapy to the shoulder and a home exercise program. Patient underwent a medial meniscectomy August 12, 2013. Additional surgeries to the right shoulder were present. MRI documented extensive osteoarthritis in the medial and lateral compartments as well as patella-femoral compartment. The documentation in the medical record included complaints referable to the shoulder aching and right knee pain with swelling. A follow up visit February 25, 2014 documented the patient reported doing well with persistent pain kneeling and squatting. However, there was no documentation indicating failure to respond to aspiration and injection of intra-articular steroids (one of several criterion for intra-articular hyaluronic acid injections). A series of five hyaluronic injections to the right knee are not clinically indicated pursuant to the ODG. Consequently, Supartz injections times five to the right knee were not medically necessary.