

Case Number:	CM14-0194490		
Date Assigned:	12/02/2014	Date of Injury:	09/15/2009
Decision Date:	01/16/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/20/2014

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 Pain 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 is a 59 year old male with a date of injury of September 15, 2009. Results of the injury include an open fracture of the left tibia and fibula. Diagnosis include status post open fractures left distal tibia and fibula with subsequent nonunion of the tibial fracture, status post three operative procedures left lower extremity, and head fractures of the left tibia and fibula. Treatment modality included medications, surgery, intra articular hyaluronic acid injections, and was placed on modified work duty. X ray date July 23, 2013 showed post traumatic arthritis of the left knee. Magnetic Resonance Imaging scan of the left knee dated December 17, 2013 showed postoperative changes of the left knee. There is a low signal area in Hoffa's fat pad raising suspicion for a Cyclops lesion (arthrofibrosis). Progress report dated September 28, 2011 noted the injured worker to have surgical scars to the left leg and a residual gait antalgia of the left lower extremity status post multiple operative procedures. The current treatment was to treat with non-steroidal or inflammatory medications or analgesic medications. Progress report dated June 10, 2014 noted the injured worker received 1 Supartz injection with relief. A progress report dated June 17, 2015 indicates that a second Supartz injection was provided. Utilization review form dated November 11, 2014 non certified Supartz injection for the left knee (1 x 5) due to non-compliance with ACOEM guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection for the left knee (1 x 5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure Summary last updated 10/27/2014 corticosteroid 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 Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for repeat Supartz injections in the knee, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. ODG states that if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous hyaluronic acid injections. However, there is no documentation of significant improvement in symptoms and function for 6 months or more after the previous injections. Additionally, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested repeat Supartz injections are not medically necessary.