

Case Number:	CM14-0198928		
Date Assigned:	12/09/2014	Date of Injury:	10/08/2010
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 56 year old female with a date of injury of 10/8/10. According to progress report dated 11/3/14, the patient presents with chronic right knee pain. The pain is described as constant. Treatment history includes medications, physical therapy and surgery. The patient is status post right knee meniscectomy in 2011. Physical examination revealed tenderness noted in the medial joint line and patellofemoral joint of the right knee. Ecchymosis is noted at the right medial knee and effusion is minimal. The patient also reports giving way and locking. X-rays (undated) revealed end-state medial compartment arthritis with collapse of medial joint space in the right knee. Treatment plan is for an updated MRI and a series of gel injections. The treating physician states that if these injections do not help then surgical intervention is recommended. The Utilization review denied the request on 11/13/14. Treatment reports from 10/6/14 through 11/24/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRAIN/INJECT JOINT/BURSA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient presents with chronic right knee pain. The current request is for Drain/Injection Joing/Bursia. Request for Authorization (RFA) and the Utilization review letter both states that this is a request for "5 Supartz injections." The Utilization review modified the certification from the requested "5 Supartz injections" to "5 Supartz injections for the right knee without the use of ultrasound guidance." American College of Occupational and Environmental Medicine (ACOEM) and California MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. Official Disability Guidelines (ODG) recommends Hyaluronic acid injection "as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." In this case, the patient presents with chronic right knee pain with arthritis and collapse of medial joint space shown on x-rays. In reviewing the medical records provided it is clear that the treating physician requested "5 Supartz injections." However, the current IMR decision is for "Drain/Injection Joing/Bursia." While the patient does meet the ODG guideline recommendations for Supartz injections, there is no medical evidence to support this current request as written as there is no way of knowing what type of drain/injection is being requested. The current request for Drain/Injection Joing/Bursia is not medically necessary.