

Case Number:	CM14-0204081		
Date Assigned:	12/16/2014	Date of Injury:	04/04/2006
Decision Date:	02/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, low back, foot, upper back, and knee pain reportedly associated with an industrial injury of April 4, 2006. In a Utilization Review Report dated December 1, 2014, the claims administrator partially approved requests for five Supartz (viscosupplementation) injections as three (3) viscosupplementation injections. The claims administrator noted that the applicant had apparently received earlier viscosupplementation injections in April 2014. A progress note and RFA form of November 12, 2014 and November 20, 2014 were referenced. In a letter dated November 12, 2014, the applicant's treating provider stated that the applicant had had a previously favorably response to Supartz (viscosupplementation) injections. Authorization was sought for a series of five viscosupplementation injections on November 20, 2014. In an October 21, 2014 progress note, highly templated, difficult to follow, the applicant had apparently presented with ongoing complaints of low back, knee, leg, and foot pain. The note was very difficult to follow and mingled historical complaints with current complaints. The applicant's medication list included Norco, Nexium, and quazepam. X-rays of the bilateral knees dated September 7, 2012 were notable for minimal patellofemoral joint degenerative changes, right greater than left. In a Medical-legal Evaluation dated October 6, 2012, the medical-legal evaluator gave the applicant diagnosis of chronic low back pain, lumbar degenerative disk disease, left lateral epicondylitis, great toe arthritis, and bilateral knee pain. The medical-legal evaluator stated that he interpreted the bilateral knee x-rays as essentially negative. A July 21, 2014 clinical progress note stated that the applicant was using Norco, quazepam, Terocin, and Nexium as of that point in time. The stated diagnoses included lumbago, osteoarthritis, reflex sympathetic dystrophy, foot and ankle pain, degenerative disk disease. In a progress note dated November 20, 2014, the applicant

reported persistent complaints of low back pain and right toe pain. The applicant was pending viscosupplementation injection therapy, it was stated. The applicant was given diagnosis of low back pain, osteoarthritis, pain involving the ankle and foot, and degenerative disk disease of the lumbar spine. Norco and Nexium were refilled. The applicant was asked to employ back brace. Permanent work restrictions were renewed. MRI imaging of the knee dated June 1, 2009 was notable for meniscal degeneration with chondromalacia patella and a minimal effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of right knee Supartz injections qty: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, viscosupplementation injections section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, in this case, however, there was/is no clear clinical or radiographic evidence of moderate severe knee osteoarthritis for which the viscosupplementation injections in question would have been indicated. Earlier x-rays of the knee of dated September 7, 2012, referenced above, were essentially negative, both the radiologist and the applicant's medical-legal evaluator concluded. The attending provider did not, in short, provide compelling evidence of clinically and/or radiographically significant knee osteoarthritis for which viscosupplementation injections would be indicated. Therefore, the request is not medically necessary.