

Case Number:	CM14-0206151		
Date Assigned:	12/18/2014	Date of Injury:	09/10/2005
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old and who sustained a work-related injury on September 10, 2005. Subsequently, the patient developed a chronic. According to a progress report dated on October 1, 2014, the patient was complaining of right shoulder pain and weakness, right elbow pain, bilateral knee pain and low back pain radiating to the right leg. The patient physical examination demonstrated bilateral knee tenderness with preservation of range of motion. X-rays of the bilateral knees and mild medial compartment narrowing. The provider requested authorization for the following procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 5 supartz injection under ultrasound guidance for the bilateral knees: Upheld

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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid injections,
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is recommended 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, there is no evidence of osteoarthritis and the physical examination as well as the recent X-ray does not document a significant deficit or arthritis. There is no clear evidence of failure of conservative therapies such cortisone injection to control the patient pain. Therefore the prescription of Series of 5 supartz injection under ultrasound guidance for the bilateral knees is not medically necessary.