

Case Number:	CM15-0000459		
Date Assigned:	01/12/2015	Date of Injury:	09/23/2012
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 09/23/2012. She has reported bilateral knee pain. The diagnoses have included sprain of unspecified site of knee and leg, late effects of sprain and strain without mention of tendon injury and unspecified disorder of lower leg joint. Treatment to date has included ultrasound guided Supartz injections. Currently, the IW complains of bilateral knee pain. Treatment plan included ultrasound guided Supartz injection of the knees. On 12/15/2014 Utilization Review non-certified Ultrasound Guided Supartz Injection Right Knee x5, noting lack of information available. The ODG Guidelines was cited. On 01/02/2015 the injured worker submitted an application for IMR for review of Ultrasound Guided Supartz Injection Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Supartz Injection for the right knee x5: 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 Chapter, Hyaluronic section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic Acid injection and Knee Pain

Decision rationale: Supartz is a hyaluronic acid injection. According to the guidelines, the injections are 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. Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); In this case, there was no evidence in the clinical notes for at least 5 of the above criteria. The claimant already received prior Supartz injections. There were no differences in those who received 3 or 6 injections. The request for 5 additional injections is not medically necessary.