

Case Number:	CM15-0001881		
Date Assigned:	01/12/2015	Date of Injury:	07/17/2002
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 64 year old female, who sustained a work/ industrial injury on 7/17/02 while attempting to give her father a bath, lost her balance, and fell to the ground. She has reported symptoms of immediate left knee pain. Past medical history included hypothyroidism, hypertension, diabetes mellitus, and osteoarthritis. The diagnoses have included osteoarthritis of the left knee. Treatment to date has included physical therapy, conservative treatment. A Magnetic Resonance Imaging (MRI) of the knee was performed. A left knee arthroscopic synovectomy, chondroplasty and partial lateral meniscectomy were performed. Knee injections were performed every 6 months. The orthopedic surgeon recommended left total knee replacement. On 1/17/11, through 10/19/11 a Supartz injection was administered to the left knee. Follow up Supartz injections were requested. On 11/28/11, exam was unchanged and a left knee MRI noted degenerative changes. On 12/4/14, Utilization Review non-certified a Supartz injections x 5 to left knee, noting insufficient documentation to support use, The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections x 5-Left Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee- The Official Disability Guidelines state that hyaluronic injections to the knee are for patients who experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments. There should also be evidence that the patient failed to adequately respond to aspiration and injection of intraarticular steroids. Repeat series of injections may be recommended if there is documented significant improvement in symptoms for 6 months or more and symptoms reoccur. The patient should not currently be a candidate for a total knee replacement.

Decision rationale: Records report the insured has reported symptoms of immediate left knee pain. Past medical history included hypothyroidism, hypertension, diabetes mellitus, and osteoarthritis. The diagnoses have included osteoarthritis of the left knee. Treatment to date has included physical therapy, conservative treatment. A Magnetic Resonance Imaging (MRI) of the knee was performed. A left knee arthroscopic synovectomy, chondroplasty and partial lateral meniscectomy were performed. Knee injections were performed every 6 months. The orthopedic surgeon recommended left total knee replacement. On 1/17/11, through 10/19/11 a Supartz injection was administered to the left knee. Follow up Supartz injections were requested. On 11/28/11, exam was unchanged and a left knee MRI noted degenerative changes. The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records provided for review do not support synvisc injection congruent with ODG guidelines.