

Case Number:	CM15-0102553		
Date Assigned:	06/04/2015	Date of Injury:	07/22/2009
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47-year-old female who sustained an industrial injury on 07/22/2009. Treatment provided to date has included bilateral knee surgeries, physical and aquatic therapy, medications, and injections to both knees. No recent diagnostic tests were provided or discussed. Other noted dates of injury documented in the medical record include 08/23/2011. There were no noted comorbidities. On 05/11/2015, physician progress report noted complaints of bilateral knee pain. Pain is rated as 1-2/10 (0-10) with medications and 3-4/10 without medications, and described as unchanged since last visit, aching, and with occasional numbness to the bottom of both feet. The physical exam of both knees revealed no deformity, swelling or erythema, positive tenderness in the medial joint line in the left and lateral joint line on the right, full range of motion bilaterally, and moderate crepitus bilaterally with flexion and extension. The provider noted diagnoses of bilateral knee pain, osteoarthritis of both knees, chronic pain syndrome, bilateral lateral meniscus tear, bilateral medial meniscus tear, bilateral ACL tear, and status post right knee menisectomies and ACL reconstruction. Plan of care includes ultrasound guided supartz injections (3) to bilateral knees. The injured worker remained permanent and stationary. Requested treatments include ultrasound guided supartz injections (3) to bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided supartz injections times 3 to 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 (ODG).

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.

Decision rationale: Regarding the request for repeat viscosupplementation, neither the CA MTUS nor the ACOEM Practice Guidelines provide guidelines regarding the use of hyaluronic acid injections. The ODG state the following regarding repeat hyaluronic acid injections: "Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence." Within the documentation available for review, there is documentation of prior viscosupplementation, but the outcome did not indicate 6 months or more of improvement. The latest progress note from May 2015 indicates that the patient is "due for repeat injections." The notes indicate they are to be done by another provider, but there is no indication of the requisite benefit from a prior series of injections or documentation of an unsuccessful steroid injection in the knees to warrant this request. The request for Supartz injections is not medically necessary.