

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0102563 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 03/15/2011 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 05/20/2015 |
| 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: Preventive Medicine, Occupational Medicine

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 (IW) is a 60 year old female who sustained an industrial injury on 03/15/2011. The mechanism of her injury is not found in the medical records presented. Her accepted injuries are to her mental/mental, and both knees. The injured worker was diagnosed as having Achilles tendonitis, right knee osteoarthritis. Treatment to date has included medications, braces, wraps, and bilateral gel heel caps for Achilles tendonitis. An arthroscopy was done November 2011 on the right knee for a chondral defect of the medial femoral condyle and medial tibial condyle as well as a torn medial meniscus. Another evaluation of the right knee was done in May of 2012. She started having problems in the left knee with swelling and increased pain in physical therapy. In the summer of 2014, the provider began giving Supartz injections with Depomedrol in the right knee. A second Supartz injection was given on 08/11/2014 following the worker's endorsement of clinically feeling much better. Supartz injections followed in September and December 2014, and again in March 2015 to the right knee. On 03/23/2015, the worker complained of the knee "catching" a bit, and starting to have some pain into the anterior knee and down into the tibia. She was advised to continue modified work activities. The plan was to start low dose anti-inflammatory and get standing x-rays of both knees. On 05/11/2015, the provider injected both knees with Supartz plus 40 mg of Depo-Medrol. A request for authorization was made for Supartz injection right knee Qty: 5, and Supartz injection left knee Qty: 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection right knee qty: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Hyaluronic acid injections.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and recommend injections only if very specific criteria are met. The prior injection(s) included a steroid injection in addition to the Supartz which is not recommended. Even though there is reported to be a prior response to Supartz it did not appear to last 6 months as required by Guidelines plus, the effects were more likely due to the steroid injection which is a more effective symptomatic treatment. Under these circumstances (limited time response and concurrent steroid injections), the request is not supported by Guidelines and is not medically necessary.

Supartz injection left knee qty: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Hyaluronic acid injectoins.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and do not recommend these injections unless there is advanced osteoarthritis not responsive to other treatment. There is no documented evidence of advanced osteoarthritis involving the left knee. In addition a prior injection of Supartz plus a steroid was given. Concurrent injections of steroids and hyaluronic acid are not supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The request for Supartz injections left knee #5 is not supported by Guidelines and is not medically necessary.