

Case Number:	CM15-0016317		
Date Assigned:	02/04/2015	Date of Injury:	12/12/2009
Decision Date:	04/08/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on December 12, 2009. The diagnoses have included Supartz one of three injections and right knee osteoarthritis. Treatment to date has included pain medication. In a progress note dated November 13, 2014, the treating provider reports right knee examination revealed tenderness along the lateral joint line. On January 5, 2015 Utilization Review non-certified a right knee Supartz injection quantity 5, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee supartz injection 1-5 QTY: 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Hyalauronic Acid Injections.

Decision rationale: MTUS does not discuss this topic. ODG/TWC/Knee/Hyaluronic Acid Injections recommends a repeat series of injections if a patient has documented improvement in knee osteoarthritis symptoms for 6 months or more with subsequent recurrence of symptoms. The records do not document such a situation in this case. Therefore, this request for a repeat series of injections is not supported by the treatment guidelines. This request is not medically necessary.