

Case Number:	CM15-0130314		
Date Assigned:	07/16/2015	Date of Injury:	09/03/2004
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

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 59 year old male who sustained an industrial injury on 09/03/04. Initial complaints and diagnoses are not available. Treatments to date include medications, cortisone shots and knee injections. Diagnostic studies are not addressed. Current complaints include pain and stiffness in the bilateral knees. Current diagnoses include osteoarthritis. In a progress note dated 05/22/15 the treating provider reports the plan of care as a round of joint lubricant injections. The requested treatments include Supartz injections to the bilateral knees weekly for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz bilateral knee injection (1 injection/week x 5 weeks into 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 -Knee and Leg online version Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2004 and continues to be treated for bilateral knee pain. He underwent viscosupplementation injections in September 2014 and, when having more pain due to increased activity in November 2014, corticosteroid injections were administered. When seen, it had been six months since the injections. He was having stiffness and pain. He was requesting additional. Physical examination findings included mild crepitus and decreased range of motion. The claimant's BMI was nearly 40. Bilateral corticosteroid injections were performed. Authorization for viscosupplementation another series of viscosupplementation injections was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant underwent corticosteroid injections 12 weeks after the last series of viscosupplementation injections. Corticosteroid injections were repeated when this request was made and the response to these would have been unknown. Requesting a repeat series of viscosupplementation is not medically necessary or appropriate.