MAXIMUS Federal Services

Case Number:	CM15-0143540		
Date Assigned:	08/04/2015	Date of Injury:	09/24/2010
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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 is a 52-year-old female, who sustained an industrial injury on 9-24-2010. The injured worker was diagnosed as having right knee early degenerative changes, left knee meniscal tear, bilateral cubital tunnel syndrome, obesity, chronic pain, and status post multiple foot and ankle surgeries. Treatment to date has included diagnostics, right ankle surgery in 2012 and 2013, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Currently (6-08-2015), the injured worker complains of pain, numbness, and tingling to the bilateral elbows, forearms, and bilateral knee pain, with weakness, instability, locking, clicking, and grinding. Exam of the right knee noted positive retropatellar grading, McMurray, and inhibition tests. Body mass index was greater than 40%. The treatment plan included Supartz injections to the right knee x5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz series-5 injections for the right knee: 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 & Leg, 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 Chapter/Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Supartz or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation if she has failed with all available conservative treatment measures. The request for Supartz series-5 injections for the right knee is determined to not be medically necessary.