

Case Number:	CM15-0144117		
Date Assigned:	08/05/2015	Date of Injury:	08/16/2014
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia
 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:

This 43-year-old female sustained an industrial injury on 8-16-14. She subsequently reported right knee pain. Diagnoses include right knee arthropathy. Treatments to date include MRI testing, knee surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience right knee pain. Upon examination of the right knee, there was tenderness over the medial retinaculum and some swelling was noted. A request for Supartz right knee series of 5 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz right knee series of 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Ambulatory Care, 9th Edition, page 356. Manufactures recommendations in Physician's Desk Reference, 2005 Edition, page 340. Cochrane Database Syst Rev. 2006 Apr 19; (2): Update of Cochrane Database Syst Rev. 2005; (2): CD005321 Semin Arthritis Rheum. 2003 Apr; 32(5): 310-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, hyaluronic acid.

Decision rationale: The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. Documented history also mentions consideration of steroid injections. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. In this case, within the limitations of the provided medical records, there is insufficient evidence to support the medical necessity of the treatment request for the requested injections.