MAXIMUS Federal Services

Case Number:	CM15-0145972		
Date Assigned:	08/06/2015	Date of Injury:	11/16/2010
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 42-year-old male who sustained an industrial injury on 11-16-2010. He has reported injury to the left knee and has been diagnosed with tear of medial cartilage or meniscus of knee, current and pain in joint, lower leg. Treatment has included medications and surgery. Objective findings note the injured worker presented himself with a shocking pain to the knee that radiated down into the lower leg when standing. He continued to have aching but believed it was associated due to cold weather. X-rays of the left knee and left tibia showed no increase of osteoarthritis. The treatment plan included physical therapy, urine toxicology screen, and medications. The treatment request included Supartz injections, right knee, series of five injections using ultrasound guidance and interferential unit 30-60 day rental, purchase if effective, and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections, right knee, series of 5 injections using ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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 Orthovisc 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. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. The request for Supartz injections, right knee, series of 5 injections using ultrasound guidance is determined to not be medically necessary.

IF unit, 30-60 day rental, purchase if effective, supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. In this case, the injured worker is also being treated with physical therapy, and medications. Medications alone have not helped with the injured worker's pain. A one-month trial with an interferential stimulator is warranted in this case, but requesting for 30-60 day rental is not appropriate. The request for IF unit, 30-60 day rental, purchase if effective, supplies is determined to not be medically necessary.