MAXIMUS Federal Services

Case Number:	CM15-0186940		
Date Assigned:	09/28/2015	Date of Injury:	03/10/2013
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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 51 year old female who sustained an industrial injury on 3-10-2013. A review of medical records indicates the injured worker is being treated for chronic neck pain, degenerative disc disease, left knee chondromalacia, and left knee meniscal tear. Medical records dated 8-10-2015 noted left knee pain especially with any bending, squatting, or stooping. Physical examination noted some tenderness in the medial and lateral joint lines with crepitation through range of motion. Range of motion was 0-120 degrees. There was a mild effusion and no instability. Treatment has included injections, physical therapy, and pain medications. RFA dated 8-10-2015 requested Supartz injections for the left knee. Utilization review form dated 8-27- 2015 noncertified Supartz injection x 5 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injection x 5 left 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 (updated 7/10/15), 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 sustained a work injury in March 2013 and is being treated for headaches and left knee pain after a slip and fall injury. She has a prior history of arthroscopic knee surgery and a gastric bypass due to morbid obesity. An MRI of the left knee in April 2013 included findings of mild tricompartmental osteoarthritis. A series of Supartz injection was completed in July 2014. When seen, there was left knee medial and lateral joint line tenderness with decreased range of motion and crepitus and a mild effusion. A series of Supartz injections is being requested for chondromalacia and osteoarthritis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions including chondromalacia patellae and the request appears to be for this condition. Her response to the previous series of injection is not documented. There is no evidence of a failure of a cortisone injection. For any of these reasons, the request is not medically necessary.