

Case Number:	CM15-0188435		
Date Assigned:	09/30/2015	Date of Injury:	10/08/1999
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old, female who sustained a work related injury on 10-8-99. A review of the medical records shows she is being treated for left knee pain. Treatments have included left knee surgery (5-15-2000) and physical therapy. In the last few progress notes, the injured worker reports "worsening" left knee pain. She states she has not had any left knee injections. On physical exam dated 8-14-15, she walks with an abnormal gait. She has left knee crepitus patellofemoral joint and medial joint. Left knee x-rays show "3 compartment osteoarthritis and bone on bone changes." She is working modified duty. The treatment plan includes a request for left knee Supartz series with ultrasound. In the Utilization Review dated 8-31-15, the requested treatment of a left knee injection with Supartz injection series with ultrasound guidance is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Supartz series with ultrasound guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg - Hyaluronic acid injections.

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

Decision rationale: The patient presents with diagnoses that include left knee degenerative osteoarthritis, left knee arthralgia, left knee genu valgum/valgus deformity and abnormality of gait. The clinical history noted that the X-ray of the left knee 3 compartments or bone changes 3 compartment osteoarthritis and bone on bone changes in a significantly illegible manner. The patient is post left knee arthroscopic surgery, May of 2000, partial medial meniscectomy and partial lateral meniscectomy with chondroplasties of the lateral tibial plateau and patella. Currently the patient complains of "worsening" left knee pain. The clinical history notes the patient claims she has not had any left knee injections. The history also notes the patient has gained 40 pounds since the date of injury. The current request is for Left knee Supartz series with ultrasound guidance. The treating physician states in the request for authorization dated 8/14/15 (11B) "Procedure Requested: Left knee injection, Supartz injection series, Ultrasound guidance." The orthopedic consult dated 6/10/15 (29B) states, "Recommendations: I do agree that viscosupplement injections for the left knee are likely to be temporarily beneficial. I would recommend a trial of the Supartz injections in an effort to reduce her pain to allow more cardio exercise. This will allow her to lose weight in preparation for total knee arthroplasty." MTUS guidelines do not address Synvisc injections. The ODG guidelines state "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The criterion for performing the injection is symptomatic osteoarthritis not responding to conservative care. In this case, the clinical history clearly documents the patient's failure to respond to conservative care, symptomatic osteoarthritis and desire to delay surgery while the patient works to lose weight. The current request is medically necessary.