

Case Number:	CM15-0198100		
Date Assigned:	10/13/2015	Date of Injury:	07/22/2009
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 7-22-09. The injured worker was diagnosed as having bilateral knee osteoarthritis, chronic pain syndrome, bilateral lateral meniscal tears, bilateral medial meniscal tears, bilateral anterior collateral ligament tears, and status post right knee meniscectomies and bilateral anterior collateral ligament reconstruction. Treatment to date has included left knee surgery in 2002 and 2010, right knee surgery in 2010 and 2011, steroid injections to the knees, a home exercise program, and medication including Norco and Terocin lotion. Physical examination findings on 9-23-15 included tenderness in the medial joint line on the left and the lateral joint line on the right. No laxity was noted. Crepitus was present. Bilateral lower extremity strength was noted to be 5 of 5 and sensation was intact in bilateral lower extremities. Gait was slightly antalgic. On 9-23-15, the injured worker complained of bilateral knee pain rated as 5 of 10 without medication and 1-2 of 10 with medication. The treating physician requested authorization for bilateral knee Supartz injections x3 with ultrasound guidance. On 10-1-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee Supartz injections, Qty 3: 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 and leg section, Hyaluronic acid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral knee supartz injections #3 are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment is; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are osteoarthritis both knees; chronic pain syndrome; lateral meniscus tear bilateral; medial meniscal tear bilateral; ACL tear bilateral; and status post right knee meniscectomies and ACL reconstruction bilateral. The date of injury is July 22, 2009. Request for authorization is September 24, 2015. The documentation indicates the injured worker is a 48-year-old with a history of bilateral knee arthritis. The injured worker received previous visco- supplementation (supartz) injections, physical therapy, swimming pool workouts and H wave. The injured worker received cortisone injections to the knees with no benefit. The injured worker is status post bilateral knee arthroscopy. The injured worker had #2 series of supartz injections with great benefit. There is no documentation demonstrating objective functional improvement. According to an October 7, 2014 progress note, the injured worker received the third in a series of Supartz injections. There is no documentation demonstrating objective functional improvement with these injections. The date of injury is July 22, 2009. Request for authorization is September 24, 2015. According to a September 23, 2015 progress note, the injured worker has bilateral knee pain worse than previously noted. The injured worker had left knee surgery in 2002 and 2010. The injured worker had right knee surgery in 2010 and 2011. Two prior supartz injections provided great results. Objectively, there is moderate tenderness over the medial joint line on the left knee. There is tenderness over the lateral joint line on the right knee. There is crepitus present. Motor function is 5/5. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation the injured worker is 48 years old (guidelines recommend injections over the age of 50 with severe osteoarthritis of the knee), no documentation showing bony enlargement or bony tenderness indicative of severe osteoarthritis; and no documentation demonstrating

objective functional improvement with prior supartz injections (series of three), bilateral knee supartz injections #3 are not medically necessary.

Ultrasound guidance (for Bilateral knee Supartz injections, Qty 3): 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 - Ultrasound, diagnostics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Ultrasound diagnostic.

Decision rationale: Pursuant to the Official Disability Guidelines, ultrasound guidance for bilateral knee supartz injections #3 is not medically necessary. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to ask for a fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are osteoarthritis both knees; chronic pain syndrome; lateral meniscus tear bilateral; medial meniscal tear bilateral; ACL tear bilateral; and status post right knee meniscectomies and ACL reconstruction bilateral. The date of injury is July 22, 2009. Request for authorization is September 24, 2015. The documentation indicates the injured worker is a 48-year-old with a history of bilateral knee arthritis. The injured worker received previous visco- supplementation (supartz) injections, physical therapy, swimming pool workouts and H wave. The injured worker received cortisone injections to the knees with no benefit. The injured worker is status post bilateral knee arthroscopy. The injured worker had #2 series of supartz injections with great benefit. There is no documentation demonstrating objective functional improvement. According to an October 7, 2014 progress note, the injured worker received the third in a series of Supartz injections. There is no documentation demonstrating objective functional improvement with these injections. The date of injury is July 22, 2009. Request for authorization is September 24, 2015. According to a September 23, 2015 progress note, the injured worker has bilateral knee pain worse than previously noted. The injured worker had left knee surgery in 2002 and 2010. The injured worker had right knee surgery in 2010 and 2011. Two prior supartz injections provided great results. Objectively, there is moderate tenderness over the medial joint line on the left knee. There is tenderness over the lateral joint line on the right knee. There is crepitus present. Motor function is 5/5. Ultrasound guidance for knee joint injections is not generally necessary. There are no compelling reasons documented in the medical record indicating ultrasound guidance is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation the injured worker is 48 years old (guidelines recommend injections over the age of 50 with severe osteoarthritis of the knee), no documentation showing bony enlargement or bony tenderness indicative of severe osteoarthritis; no documentation demonstrating objective functional improvement with prior supartz injections (series of three), and guideline non-recommendations for ultrasound guidance, ultrasound guidance for bilateral knee supartz injections #3 is not medically necessary.