

Case Number:	CM15-0199746		
Date Assigned:	10/14/2015	Date of Injury:	06/28/2011
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 62 year old male with a date of injury on 06-28-2011. The injured worker is undergoing treatment for right knee flare up of arthrosis with a history of chondromalacia. A physician progress note dated 01-07-2015 documents the injured worker is having a flare up of his right knee arthritic pain. He is having anteromedial aching pain with popping and cracking sensation that is increased with prolong weight bearing, stairs and knee bends. His discomfort is similar to a previous flare up with which he received significant improvement following viscosupplementation series with Supartz last year. On palpation there is tenderness to the MJL overlying MM and patellofemoral with positive crepitus and grind. Patellar glide first quadrant medial collateral. Flexion is 125 degrees and extension is 0 degrees. There is no apprehension, non-tender. There is negative instability to ligamentous stress. Work status is regular duties per P & S report. There is no documentation of diagnostic studies, or if the injured worker has had any surgery. Treatment to date has included ice, heat, past Supartz injections, home exercise program, and bracing. He is taking over the counter Ibuprofen. On 09-25-2015 Utilization Review non-certified the request for Supartz injections x 5 with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections x 5 with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Follow-up Visits, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Supartz injections x 5 with ultrasound guidance, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. ODG also states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Within the documentation available for review, there is no documentation of failure of steroid injections. Additionally, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of objective analgesic efficacy, objective functional improvement, or duration of effect. Finally, there is no documentation of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. As such, the currently requested Supartz injections x 5 with ultrasound guidance are not medically necessary.