MAXIMUS Federal Services

Case Number:	CM15-0207606		
Date Assigned:	10/26/2015	Date of Injury:	02/18/2009
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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:

This is a 51-year-old female with a date of industrial injury 2-18-2009. The medical records indicated the injured worker (IW) was treated for right knee meniscal tear; status post right knee arthroscopy; and post-traumatic osteoarthritis of the right knee. In the progress notes (7-30-15, 9-11-15), the IW reported right knee pain rated 6 or 7 out of 10, improved by rest and medication. The pain was aggravated by weather and activities. On examination (9-11-15 notes), flexion of the right knee was 130 degrees and extension was 0 degrees. There was positive patellofemoral grind and tenderness to the medial and lateral joint lines with slightly decreased quadriceps strength at 4+ out of 5. Treatments included medication (not specified). The IW was not working. The records reviewed did not contain diagnostic imaging to confirm the diagnosis of osteoarthritis and there was no documentation of previous right knee steroid injection. A Request for Authorization was received for Supartz injection right knee. The Utilization Review on 10-6-15 non-certified the request for Supartz injection right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection right knee Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Supartz injection right knee Qty: 1. The treating physician report dated 5/1/15 (182B) states, "Request authorization for Supartz injection x5 to the right knee." The report goes on to note that the request is for the patient's "mild to moderate osteoarthritis." The MTUS guidelines do not address Hyalgan injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, "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." In this case, while the patient presents with "mild to moderate" osteoarthritis, the ODG guidelines only recommend Hyaluronic acid injections for patients with severe osteoarthritis. The current request does not satisfy the ODG guidelines as outlined in the "Knee and Leg" chapter. The current request is not medically necessary.