

Case Number:	CM15-0021542		
Date Assigned:	02/11/2015	Date of Injury:	09/18/2010
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male, who sustained an industrial injury on 9/18/2010. He reports an injury to the left side of his head and a fall injuring his neck, right shoulder, back and left knee. Diagnoses include brachial neuritis, lumbosacral neuritis and left lower extremity pain. Treatments to date include joint steroid injections, physical therapy and medication management. A progress note from the treating provider dated 1/12/2015 indicates the injured worker reported neck, low back and bilateral lower extremities pain. On 1/26/2015, Utilization Review non-certified the request for left knee Supartz injections-3, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Left Knee Joint Injections times 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 (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is <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, there is no evidence of osteoarthritis and the physical examination as well as the recent X ray do not document a significant deficit or arthritis. There is no clear evidence of failure of conservative therapies such cortisone injection to control the patient pain. Therefore the prescription of Series of 3 supartz injection for the left knee is not medically necessary.