

Case Number:	CM15-0025328		
Date Assigned:	02/17/2015	Date of Injury:	01/26/1994
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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 65 year old male, who sustained an industrial injury on October 26, 1994. He has reported right knee pain. The diagnoses have included derangement of the knee and status post right knee surgeries. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the right knee, conservative therapies, visco injections of the right knee, pain medications and work restrictions. Currently, the IW complains of right knee pain. The injured worker reported an industrial injury in 1994, resulting in continued right knee pain. It was noted he was treated with surgical interventions of the right knee and previous visco injections. Evaluation on November 12, 2013 revealed continued right knee pain. It was noted he appeared for a series of visco-supplement injections of the right knee and he was advised to return for the next injection of a series of three, in two weeks. He returned on November 19, 2013, for the second injection of a series of three. It was noted the first injection provided slight relief. On December 6, 2013, he returned for the third injection. It was noted the first two had provided some benefit but the pain continued. Evaluation on March 13, 2014, revealed continued right knee pain. Evaluation on July 31, 2014, revealed continued right knee pain. Pain medications were renewed. Evaluation on January 5, 2015, revealed continued pain. Another round of three visco injections was requested. On January 14, 2015, Utilization Review non-certified a request for Right knee viscosuppartz injections (ultrasound guided), 3 shot series, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of requested Right knee viscosuppartz injections (ultrasound guided), 3 shot series.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee viscosupartz injections (ultrasound guided), 3 shot series: Upheld

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 & Leg.

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 has ongoing right knee pain. The current request is for right knee Viscosupartz injections (ultrasound guided) 3 shot series. Supartz (also called viscosupplement) is an injectable solution made from highly purified hyaluronic acid extracted from rooster combs. Hyaluronic acid is a natural substance found in joint cartilage and in synovial fluid. The MTUS guidelines do not address Hyaluronic Acid 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 of the left knee at this time. In this case, the attending physician report dated 1/7/15 (42 b) indicates right knee pain, swelling and increased pain with stairs." He notes decreased range of motion, effusion, and patellofemoral crepitus. He provides a diagnosis of knee derangement. There is no discussion of severe osteoarthritis of the knee. There is no discussion of potential knee arthroplasty. Therefore, there is no medical support for Viscosupartz injections. As such, recommendation is for denial.