

Case Number:	CM15-0029513		
Date Assigned:	02/23/2015	Date of Injury:	04/01/2007
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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 was a 58-year-old female, who sustained an industrial injury, April 1, 1997. According to progress note of January 26, 2015, the injured workers chief complaint was neck pain that radiates down in the bilateral upper extremities and low back pain that radiates down bilateral lower extremities. The injured worker rated with pain medication 7 out of 10 and 9 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The injured worker was able to perform activities of daily living with the pain medication as scribed. The physical exam noted tenderness in the right anterior shoulder and right elbow with palpation. The motor exam showed decreased strength in the right upper extremity, hypersensitivity was present in the right upper extremity and allodynia present in the right upper extremity. There was tenderness with palpation of the left knee. There was noted decreased of motion of the left knee. The motor examination noted decreased strength of the extensor muscles in the left lower extremity. The injured worker was diagnosed with chronic pain, status post cervical fusion, status post cervical laminectomy, left knee pain, myositis/myalgia, occipital neuralgia, CRPS (complex regional pain syndrome) of the upper extremities, status post left knee surgery, status post spine cord stimulator Implant. The injured worker previously received the following treatments MRI of the lumbar spine, spine cord stimulator Implant, status post cervical fusion, status post cervical laminectomy, status post left knee surgery, Celebrex, Naprosyn, Tylenol #3, Flexeril, Floricet and random toxicology laboratory studies. On January 26, 2015, the primary treating physician requested authorization for 3 left knee injections Supartz times 3 as an outpatient. On February 6,

2015, the Utilization Review denied authorization for 3 left knee injections Supartz times 3 as an outpatient. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) left knee joint injection Supartz x 3, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s):
<http://www.acoempracguides.org/knee>; Table 2, Summary of Recommendations, Knee Disorders.

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.” There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. Therefore, the prescription of Supartz Injections LT Knee x3 is not medically necessary