

Case Number:	CM15-0031998		
Date Assigned:	02/25/2015	Date of Injury:	12/23/1999
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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

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 60 year old male who sustained an industrial injury on 12/23/1999. Current diagnoses include bilateral knee osteoarthritis, status post right total knee replacement with residuals, and right knee extension contracture. Previous treatments included medication management and right knee replacement. Report dated 01/26/2015 noted that the injured worker presented with complaints that included persistent pain in both knees. Pain level was rated as 10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/11/2015 non-certified a prescription for 5 Supartz injections to the left knee, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five Supartz injection to the left knee: Overturned

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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter for Hyaluronic acid injections.

Decision rationale: The 2/11/15 Utilization Review letter states the 5 Supartz injections to the left knee requested on the 1/26/15 medical report was denied because there was no documentation that the pain interferes with activities, or failed aspiration, or steroid injections. According to the 1/26/15 report the 60 year-old, 5'7", 175 lbs, patient has 10/10 knee pain. His diagnoses include bilateral knee osteoarthritis; status post right total knee replacement with residuals and right knee extension contracture and is awaiting revision. He is reported to be able to ambulate around the room without difficulty. Right knee ROM limited to 0-80 degs, but left knee had full ROM. Left knee had positive patellofemoral grind, and varus and valgus stress tests. No imaging studies were provided for this review. The patient has benefit with naproxen, but it upsets his stomach so he does not like to use it. MTUS/ACOEM did not specifically discuss Supartz injections (hyaluronic acid injections). ODG guidelines were consulted. ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections states: "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." The patient appears to meet the ODG criteria of symptomatic osteoarthritis and not adequately responding to conservative treatment. The request for Five Supartz injections to the left knee IS medically necessary.