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| Case Number: | CM15-0032939 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 02/15/2008 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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, Pain Management

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 47 year old female who sustained an industrial injury on 2/15/08. She currently complains of bilateral knee pain. She complains of increasing knee pain. Medications were not specifically mentioned. Diagnoses include knee pain; osteoarthritis lateral compartment both knees; tear of medial cartilage or meniscus of knee; hip/ pelvic pain, labral tear right hip; adhesive capsulitis of the left shoulder; low back strain. Treatments to date include bilateral knee injections. On 12/17/14 the treating provider requested 5 ultrasound guided Supartz injections of each knee. The last injection was 5 months ago with gradually return of symptoms. In the progress note dated 2/2/15 the treating provider is administering the injured workers third ultrasound guided Supartz injection of her left knee. In the progress note dated 2/11/15 the treating provider has requested 5 ultrasound guided Supartz injections of the right knee. A utilization review determination dated February 11, 2015 recommends certification for 5 Supartz injections and non-certification for one ultrasound guidance for injection, citing ODG:-TWC: Integrated Treatment/ Disability Duration Guidelines: Knee and Leg Chapter: Imaging Guidance for Knee Joint Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for injection x1: 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 and Leg Chapter- Imaging guidance for knee joint injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for ultrasound guidance for injection, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no statement indicating why ultrasound guidance would be required for this particular patient, despite guideline recommendations. In the absence of such documentation, the currently requested ultrasound guidance for injection is not medically necessary.