

Case Number:	CM15-0050134		
Date Assigned:	03/23/2015	Date of Injury:	10/11/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old female who sustained a work related injury on 10/11/12, due to continuous trauma. The 2/10/14 and 11/21/14 bilateral knee x-rays documented moderate osteoarthritis of both knees. Corticosteroid injections were provided to both knees on 11/21/14. The 2/13/15 treating physician report cited continued severe bilateral knee pain. Corticosteroid injections had been provided twice on the left and once on the right, with pain subsiding for 3 to 4 weeks and then returning. At this time, pain was 10/10. Physical exam documented severe crepitus of both knees. X-rays of the knees were obtained and showed moderate arthrosis in both knees. The patient had difficulty in activities of daily living and work duties. The patient was dispensed diclofenac sodium, cyclobenzaprine, and Tramadol HCL ER for pain relief. The treatment plan requested a series of five Supartz viscosupplementation injections to each knee under ultrasound guidance. The 2/23/15 utilization review non-certified the request for a series of five Supartz viscosupplementation injections to each knee under ultrasound guidance based on an absence of documented imaging findings for the right knee and findings of chondromalacia patella on the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz, Viscosupplemental injections, under ultrasound guidance to bilateral knees, x 5, quantity 10: 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, Hyaluronic acid 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 and Leg: Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for Supartz viscosupplementation injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to at least 3 months standard non-pharmacologic and pharmacologic treatments. Guidelines state these injections are generally performed without fluoroscopic or ultrasound guidance. Guideline criteria have not been met. This patient presents with severe knee pain and crepitus with functional limitations. There is imaging evidence of bilateral osteoarthritis. However, detailed evidence of up to 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no compelling rationale presented to support the medical necessity of ultrasound guidance in the absence of guideline support. Typically such injections can be administered utilizing available anatomical landmarks. Therefore, this request is not medically necessary.