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| Case Number: | CM15-0051102 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 04/20/2009 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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

Certification(s)/Specialty: Family Practice

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 28-year-old female, who sustained an industrial injury on April 20, 2009. She reported a right ankle injury from a twisting movement. The injured worker was diagnosed as having osteoarthritis of the knee, trochanteric bursitis, myofascial pain syndrome/fibromyalgia, reflex sympathetic dystrophy (RSD) of the lower limb, chronic pain syndrome, osteoarthritis of ankle and foot, lumbar herniated nucleus pulposus, and lumbosacral radiculitis. Treatment to date has included physical therapy, right ankle reconstruction and ligament repair, left knee steroid injection, left trochanteric bursa injection, lumbar spine MRI, and medication. Currently, the injured worker complains of right ankle pain with numbness and tingling, left knee pain, low back pain radiating to the left posterolateral thigh and calf wrapping around and including the dorsum of the left foot and middle toes, and numbness, tingling, and weakness over the left leg. The Treating Physician's report dated January 21, 2015, noted the current medications as Lidocaine patch, Pristiq ER, Klonopin, Omeprazole DR, Eszopiclone, and Norco. The injured worker was noted to have a right side antalgic gait, assisted by a wheelchair. The lumbar spine was noted to have flexion and extension limited by pain, with tenderness and trigger points on both sides, spinous process tenderness at L4 and L5, positive lumbar facet loading bilaterally, significant tenderness over facet joints on both sides at L4 and S1 levels and straight leg raise positive on the left side. Significant tenderness was noted over the left greater trochanter with multiple trigger points over the left ilio-tibial band. The left knee was noted to have range of motion (ROM) restricted by pain and tenderness to palpation over the lateral joint line. The right ankle inspection revealed swelling, restricted movements and tenderness over the

Achilles tendon talo-fibular ligament. The Physician noted the plan included discontinuation of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee joint supartz injection x5: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, although there was osteoarthritis listed as one of the diagnoses for this worker, there was insufficient objective evidence to show the severity of the deformity in the left knee due to arthritis via physical findings and x-ray to help justify the use of Supartz injections to the left knee joint. Without more clear evidence of severe osteoarthritis of the left knee joint, the request for left knee joint Supartz injection x5 will be considered medically unnecessary. Also, if this is an initial injection, the request for 5 injections is more than necessary. One would be sufficient with follow-up reports of benefit submitted to help justify continuation.