

Case Number:	CM15-0058597		
Date Assigned:	04/03/2015	Date of Injury:	06/05/2012
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female, who sustained an industrial injury on 6/5/2012. The current diagnoses are knee arthritis, obesity, peripheral vascular disease, hypertension, and osteoarthritis of the knee, prosthetic joint implant failure, asthma, and internal derangement of knee. According to the progress report dated 2/25/2015, the injured worker complains of left knee pain. The current medications are Ibuprofen, Prilosec, Zofran, Verapamil, Albuterol powder, QVAR aerosol solution, Nitro-Dur, and Niacin. Treatment to date has included medication management and biofeedback sessions. Left knee arthroplasty previously denied and appealed. The plan of care includes Supartz Injection left knee under fluoroscopy and ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injection left knee under fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: This 56 year old female has complained of left knee pain since date of injury 6/5/12. She has been treated with surgery, physical therapy and medications. The current request is for Supartz injection left knee under fluoroscopy and ultrasound. Per the MTUS guidelines cited above, Supartz injection for knee pain is not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, Supartz injection, left knee under fluoroscopy and ultrasound is not medically necessary.