

Case Number:	CM15-0082164		
Date Assigned:	05/04/2015	Date of Injury:	01/06/2014
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/29/2015

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 51 year old female who sustained an industrial injury on January 6, 2014. She has reported back pain with radicular symptoms into the left leg and foot as well as behind her knee and has been diagnosed with low back pain, lumbar radiculopathy, sciatica, possible piriformis syndrome, left knee chondromalacia, left knee meniscal tear, left knee joint effusion, and left knee possible bakers cyst. Treatment has included medical imaging, physical therapy, medications, and modified work duty. Currently the injured workers low back revealed tenderness and spasm with limited range of motion. The left knee revealed some pain at the posterior aspect of the knee with limited range of motion. The treatment request included a series of Supartz injections for the left knee. Physical therapy note dated March 2, 2015 indicates that the patient has undergone 12 therapy sessions and notes improved the pain. The note indicates that the patient has also undergone a steroid injection to the knee on November 5, 2014. An MRI of the left knee dated February 9, 2015 shows no chondral defect with postoperative changes. A progress report dated January 14, 2015 indicates that the left knee is doing well with excellent range of motion and minimal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of supartz injections to the left knee QTY: 5.00: Upheld

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

Decision rationale: Regarding the request for supartz injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (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 documentation of exam or imaging findings supporting a diagnosis of osteoarthritis of the knee, and no documentation identifying how the patient responded to previous intra-articular steroids. In the absence of such documentation, the currently requested supartz injections are not medically necessary.