

Case Number:	CM15-0084731		
Date Assigned:	05/07/2015	Date of Injury:	09/11/2013
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, California

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 was a 63 year old female, who sustained an industrial injury, September 11, 2013. The injured worker previously received the following treatments right knee MRI, right knee arthroscopy surgery on January 7, 2015, right knee x-rays which showed mild and moderate arthrosis with medial and patellofemoral joint space narrowing, preoperative laboratory studies and physical therapy. The injured worker was diagnosed with chondromalacia and arthritis and tear lateral meniscus. According to progress note of March 16, 2015, the injured workers chief complaint was increased pain in the right knee. The injured worker stated improvement since last exam and feels a bit better. Physical therapy was helping, but there was continued tightness in the knee. The treatment plan included 5 Supartz Visco-supplemental injections right knee under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Supartz viscosupplemental injections right knee under ultrasound guidance: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and Hyaluronic acid injections pg 34.

Decision rationale: According to the guidelines: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance. In addition, repeat injections can be considered after 6 months if there has been sustained benefit from the prior injections. In this case, the claimant had a meniscectomy and chondroplasty but did not meet the criteria above. In addition, the claimant had a steroid injection 3 months prior. Response to the injection is unknown and the future injections cannot be justified in advance. The request for 5 Supartz injections is not medically necessary.