

Case Number:	CM15-0088164		
Date Assigned:	05/12/2015	Date of Injury:	09/25/2013
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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, North Carolina
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 (IW) is a 47-year-old female who sustained an industrial injury on 09/25/2013. Diagnoses include osteoarthritis, generalized and pain in joint, lower leg. Treatments to date include medications, steroid injection, acupuncture, cold application and physical therapy. MRI of the right knee was mentioned in the records, but not provided for review. According to the progress notes dated 4/14/15, the IW reported mild improvement in the right knee. A request was made for three Supartz injections of the right knee per 04/14/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections of the right knee QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, leg (Hyaluronic injections).

Decision rationale: The CA MTUs does not address hyaluronic injections to the knee. The ODG states that there must be documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement of the knee, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth and a patient less than 50 years of age. In this case, there is no documentation of x-ray, MRI or previous surgery of the knee to establish the presence of moderate to severe osteoarthritis of the knee. Therefore, the request is deemed not medically necessary at this time.