

Case Number:	CM14-0134704		
Date Assigned:	08/27/2014	Date of Injury:	03/13/2008
Decision Date:	09/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old male who reported an injury on 03/13/2008 due to fall. The injured worker had diagnoses of entrapment neuropathy, edema, venous insufficiency, hip bursitis and pain in joint leg. Prior treatment included a left trochanteric bursa injection on 03/20/2014, compression stockings for edema, and Supartz injections (x3) to the right knee in 03/2014. Diagnostic studies included an Electromyogram (EMG) and Nerve Conduction Studies (NCS) which was performed on 07/16/2010 and revealed peroneal neuropathy, an MRI of the right and left knee without contrast which was performed on 12/27/2010 and revealed degenerative changes in all 3 compartments of the right knee, and a computerized tomography (CT) scan of the right knee which was performed in 2013, the results of which were not included within the records submitted for review. The injured worker complained of right hip and right knee pain rated 6/10 with medications and 8/10 without medications. The clinical note dated 06/30/2014 noted the injured worker appeared to be in moderate pain. Upon inspection of the right knee joint, the physician noted the injured worker was wearing compression stockings. Range motion was restricted by pain with flexion limited to 160 degrees and extension was limited to 40 degrees. No tenderness was noted upon palpation and there was mild effusion to the right knee. The physician noted the prior Supartz injections significantly improved the injured worker's right knee pain and the injured worker was able to increase walking by one mile more daily, with less pain. The physician noted the injured worker was able to go up and down stairs with less pain, the right knee was popping less frequently, and range of motion was improved. The injured worker was able to continue working. It was noted previous injections which were performed in 07/2013 were beneficial for 6 months and provided relief of pain and functional improvements as detailed above. Medications included Neurontin, Nucynta, Ultram and Ultram Er., 5 Voltaren 1% gel and 6 Pennsaid 1.5% solution. The treatment plan included a request for

Series of 3 supartz right knee injections. The request was for Series of 3 supartz for the right knee injections to reduce pain and allow the injured worker to continue working. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 supartz right knee injections: 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/Leg 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, Hyaluronic Acid Injections, Knee and Leg.

Decision rationale: The request for Series of 3 supartz right knee injections is not medically necessary. Prior Supartz injections significantly improved the injured worker's right knee pain and the injured worker was able to increase walking by one mile more daily, with less pain. The injured worker was able to go up and down stairs with less pain, the right knee was popping less frequently, range of motion was improved, and the injured worker was able to continue working. It was noted previous injections which were performed in 07/2013 were beneficial for 6 months and provided relief of pain and functional improvements as detailed above. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for injured workers who haven't responded adequately to conservative treatment including pharmacologic and non-pharmacologic modalities including exercise. There should be documented evidence of significantly symptomatic osteoarthritis. Patients may have findings including bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and pain which interferes with activities of daily living. The guidelines note a repeat series of injections may be performed if there is documented significant improvement in symptoms for 6 months or more with the prior injection and symptoms recur. There is a lack of documentation regarding symptoms of severe osteoarthritis such as bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and pain which interferes with activities of daily living. The injured worker had improvement in walking distance, navigating stairs, popping was less frequent, range of motion was improved, and decreased pain for 6 months with the Supartz injections performed in 07/2013; however, the injured worker received another series of Supartz injections in 03/2014. There is a lack of documentation indicating the injured worker significant objective functional improvement for 6 months or more with the most recent injections. There is a lack of documentation demonstrating the injured worker had a recurrence of symptoms for which additional injections would be required. Therefore, the request is not medically necessary.