

Case Number:	CM14-0160774		
Date Assigned:	10/06/2014	Date of Injury:	08/23/2013
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 57-year-old female with an 8/23/13 date of injury. At the time (9/2/14) of the Decision for Supartz injections left knee, there is documentation of subjective complaints left knee pain with swelling. The objective findings were not specified. The imaging findings include an MRI of the left knee (4/10/14) report revealed intact ligaments, tendons, and menisci without tear; and intact osseous structures and chondral surfaces without injury of defect. The current diagnoses include left knee sprain/strain. Treatments to date include medication, acupuncture, chiropractic therapy, physical therapy, knee brace, and knee steroid injections. Medical report identifies a request for left knee Supartz injections x3. In addition, 6/26/14 medical report identifies normal x-rays of the left knee. There is no documentation of significantly symptomatic osteoarthritis, failure of additional conservative treatment (weight loss), and imaging findings diagnostic of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee/Leg Hyaluronic acid; Pain, Topical Analgesics

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

Decision rationale: MTUS does not address this issue. Official Disability Guidelines (ODG) identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of a diagnosis of left knee sprain/strain. In addition, there is documentation of a request for left knee Supartz injections x3. Furthermore, there is documentation of failure of conservative treatment, such as physical therapy, non-steroidal anti-inflammatory medication, and intra-articular steroid injection. However, despite documentation of left knee pain, there is no (clear) documentation of significantly symptomatic osteoarthritis. In addition, there is no documentation of failure of additional conservative treatment (weight loss). Furthermore, given documentation of imaging findings (X-ray and MRI of the left knee identifying normal studies), there is no documentation of imaging findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Supartz injections left knee is not medically necessary.