

Case Number:	CM14-0167959		
Date Assigned:	10/15/2014	Date of Injury:	11/23/2008
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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:

This is a 64 years old female patient who sustained an injury on 11/23/2008. She sustained the injury when she slipped, tripped and fell. The current diagnoses include other enthesopathy of the ankle and tarus right, bilateral flat foot, right foot drop, right knee degenerative joint disease and right ankle impingement. Per the doctor's note dated 10/1/14, she had complaints of right ankle pain with abnormal standing posture leaning to the right. The physical examination revealed scoliosis, tilt in her pelvis to the right, 4/5 strength in ankle dorsiflexion, 4-/5 strength in hallux extension and point tenderness over the anteromedial aspect of the right ankle. Per the doctor's note dated 9/26/14, she had complaints of right knee give out sensation and left knee pain due to favoring the right side for many years. The medications list includes Norco and Tramadol. She has had MRI Right shoulder which revealed evidence of supraspinatus tendinosis due to degenerative acromioclavicular joint, mild subacromial and subdeltoid bursitis; MRI lumbar spine dated 02/13/09 which revealed scoliosis, right-sided foraminal stenosis at L4-5, left sided foraminal disk at L2-3 causing narrowing at the canal, foraminal disk at L3-4 with narrowing of the foramen on the left side; right ankle MRI dated 9/17/14 which revealed evidence of previous inversion injury, non-specified regional synovitis at the level of sinus tarsi, plantar fasciitis, degenerative versus minor stress edema at the base of 3rd and 4th metatarsals and minor strain of the extensor digitorum musculatures; Electrodiagnostic studies dated 3/4/14 which revealed right L5 radiculopathy. She has undergone arthroscopic partial medial meniscectomy, chondroplasty medial femoral condyle with finding of Grade 4 chondral defect at the patellofemoral joint and chondroplasty of patella, right knee arthroscopic debridement on 11/19/12 and right hip labrum repair in 9/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Supartz Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- 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....."Evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Diagnostic reports of the right knee demonstrating severe osteoarthritis is not specified in the records provided. Response to previous conservative/non-operative therapy for the right knee is not specified in the records provided. Any intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. The medical necessity of Right Knee Supartz Injection is not established in this patient at this time.