

Case Number:	CM14-0180446		
Date Assigned:	11/05/2014	Date of Injury:	03/19/2010
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date on 3/19/10. The patient complains of continued pain in the right foot/ankle rated 1-2/10 at rest, 4/10 with repetitive weightbearing, and 6/10 with repetitive weightbearing for 2 hours per 9/12/14 report. The patient also complains of lumbar pain and radiating right leg pain rated 3/10 at rest, 5/10 with weightbearing per 9/12/14 report. Based on the 9/12/14 progress report provided by the treating physician, the diagnoses are: 1. s/p twisting injury, right foot/ankle 2. post-traumatic arthrofibrosis with lateral impingement lesion, right ankle, secondary to #13. chronic bipolar right ankle instability secondary to #14. chronic strain, lumbar spine, with L5 nerve root compression evidenced on EMG/NCV Exam on 9/12/14 showed "painful range of motion in right ankle. L-spine range of motion is limited, especially flexion at 15/45 degrees." The most recent range of motion testing of the right knee was done on 3/12/14 which showed "full extension, further flexion to 120 degrees" of the right knee. Patient's treatment history includes cryotherapy, medications, 12 physical therapy visits authorized but not completed. The treating physician is requesting supartz injection right knee 1x3 weeks. The utilization review determination being challenged is dated 10/2/14. The treating physician provided treatment reports from 3/12/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection right knee 1 x 3 weeks: 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)

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

Decision rationale: This patient presents with right foot/ankle pain, back pain, and right leg/knee pain. The treater has asked for Supartz Injection right knee 1x3 weeks. Review of the reports do not show any evidence of supartz injections being done in the past. There is no documentation of an MRI of the knees being done in the patient's treatment history. An X-ray of the bilateral knees on 2/6/14 showed "13 degrees of apex medial angulation between long axis of the right femur and the tibia and 10 degrees on the left side. No joint space narrowing. Subchondral sclerosis seen at medial tibial plateau bilaterally. No significant spurring." Regarding hyaluronic acid injections, the ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. In this case, the patient presents with chronic right knee pain, but X-ray of the right knee does not show any joint space narrowing or significant spurring. There is no documentation of severe osteoarthritis of the knee, only mild instability. The requested supartz injection right knee 1x3 weeks is not medically necessary. The request is not medically necessary.