

Case Number:	CM15-0013231		
Date Assigned:	01/30/2015	Date of Injury:	11/11/1998
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/22/2015

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
Certification(s)/Specialty: Emergency Medicine

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 a 65year old male, who sustained a work/ industrial injury on 11/11/98 to the bilateral knees when picking up a recycling bucket. He has reported symptoms of right knee pain and stiffness with limited range of motion which is affecting the right leg and foot. Pain was rated as 6/10.Prior medical history was not listed. The diagnoses have included progressive osteoarthritis of both knees. Exam demonstrated global tenderness and limited range of motion. Treatment to date has included physical therapy, oral and topical mediation, right knee arthroscopy (2006), (1) steroid injection to the right knee that was reported as 'helpful for a short time.' X-rays of the bilateral knees showed progressive degenerative arthritis as of 12/4/14. A request was made for Supartz injections x 5 bilateral knees. On 12/22/14, Utilization Review non-certified Supartz Injections x 5 on Left Knee, noting the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections x5 on the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Page(s): Page 50.

Decision rationale: The requested Supartz Injections x5 on the left knee is medically necessary. Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), Page 50 only recommend this supplement for knee osteoarthritis but not for disorders of the spine. The injured worker has right knee pain and stiffness with limited range of motion which is affecting the right leg and foot. The treating physician has documented global tenderness and limited range of motion. X-rays of the bilateral knees showed progressive degenerative arthritis as of 12/4/14. A UR determination noted a lack of conservative treatment including cortisone injections. However, the treating physician has documented a trial of a cortisone injection, as well as progressive pain, positive exam findings and radiographic evidence of osteoarthritis. The criteria noted above having been met, Supartz Injections x5 on the left knee is medically necessary.