

Case Number:	CM15-0016110		
Date Assigned:	02/04/2015	Date of Injury:	09/16/2008
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53-year-old female, who sustained an industrial injury on 9/16/2008. The current diagnoses are osteoarthritis (unspecified) and tear of lateral cartilage or meniscus of knee. The past surgery history is significant for left knee surgery in 2009 and right knee surgery in 2013. Currently, the injured worker complains of bilateral knee pain, locking of the knees bilaterally, and bilateral knee swelling, left greater than right. There were objective findings of positive McMurray's test and positive patella compression test. The radiological report of the knees showed osteoarthritis and chondromalacia. Current medications are Naprosyn. She completed a series of Supartz injections to the bilateral knees on 9/4/2014. Per notes, the injured worker had a 3 months improvement from previous 3 series Supartz injections. The treating physician is requesting 5 Supartz injections to the bilateral knees, which is now under review. On 1/20/2015, Utilization Review had non-certified a request for requesting 5 Supartz injections to the bilateral knees. Non- MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections for bilateral knees, quantity: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official

Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute & Chronic) 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 Knee, Hyaluronic acid injections

Decision rationale: The CA MTUD did not address the use of hyaluronic acid injections in the treatment of knee pain. The ODG guidelines recommend that hyaluronic acid injections can be utilized in the treatment of severe knee pain caused by severe arthritis that did not respond to conservative treatment with medications and PT. The records indicate that the patient completed a series of Supartz injection in September 2014 that resulted in 3 months on symptomatic relief. The guidelines recommend that series of 3 Supartz injections can be repeated if the previous injections resulted in significant pain relief lasting more than 6 months. The requested number of 5 injections is more than the maximum of 3 injections in a series. The duration of effects of the previous injection was 3 months. The criteria for bilateral knee 5 Supartz injections was not met.