

Case Number:	CM15-0016882		
Date Assigned:	02/05/2015	Date of Injury:	05/07/2002
Decision Date:	03/23/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70 year old female, who sustained an industrial injury on May 7, 2002. She reported left hip pain, groin pain, pain radiating down the leg, in the lower back and down the knee. The diagnoses have included status post hip replacement and arthritis of the left knee. Treatment to date has included radiographic imaging, diagnostic procedure, surgical intervention of the hip and pain medications. Currently, the IW complains of left hip pain, groin pain, pain radiating down the leg, in the lower back and down the knee. The injured worker reported an industrial injury in 2002 resulting in chronic pain as previously described. It was noted she required hip surgery at an earlier date and now has continued hip and left knee pain. On January 27, 2015, Utilization Review non-certified a Supartz Injection Series of 5 for the Left Knee, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of requested Supartz Injection Series of 5 for the Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injection Series of 5 for 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, Treatment Index, Leg and Knee - Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic): Hyaluronic acid injections

Decision rationale: The claimant is more than 10 years status post work-related injury. She has undergone a total hip replacement and has advanced osteoarthritis of the knee. The series of injections is requested to try to defer knee surgery. Supartz is a hyaluronic acid derivative. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis as in this case. Therefore, the requested series of injections is medically necessary.