

Case Number:	CM15-0018553		
Date Assigned:	02/06/2015	Date of Injury:	01/28/2003
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 48 year old male with an industrial injury dated January 28, 2003. The injured worker diagnoses include chronic pain syndrome, spondylosis, spondylolisthesis, spinal stenosis of lumbar region, arthropathy of lumbar facet joint, lumbar radiculopathy, depressive disorder, osteoarthritis of knee. The injured worker has been treated with radiographic imaging, diagnostic studies, prescribed medications, multiple operative procedures on knee and periodic follow up visits. According to the progress note dated 12/19/14, the injured worker reported increased pain in right knee and low back pain radiating to right leg. The injured worker also reports muscle spasms in the right leg. Objective findings revealed slight swelling of the right knee, normal range of motion and moderate crepitus. The treating physician prescribed Supartz Injections 1 x wk x 5 wks right knee now under review. Utilization Review determination on January 13, 2015 denied the request for Supartz Injections 1 x wk x 5 wks right knee, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections 1 x Wk x 5 Wks - Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 13th Edition, Knee & Leg Chapter,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

Decision rationale: MTUS is silent regarding the use of ultrasound guided supartz injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided supartz injections, it does state that Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection. ODG recommends as guideline 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; ODG states that This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. Additionally, ODG states that Hyaluronic acid injections Generally performed without fluoroscopic or ultrasound guidance. The treating physician has not provided documentation of a failure of intra-articular steroid injections, which is the first line treatment. As such, the request for Supartz Injections 1 x Wk x 5 Wks - Right Knee is not medically necessary.