

Case Number:	CM15-0110235		
Date Assigned:	06/16/2015	Date of Injury:	03/21/2011
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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:

This 62 year old male sustained an industrial injury on 3/21/11. He subsequently reported right hip, right upper extremity and bilateral knee pain. Diagnoses included bilateral knee arthritis. Treatments to date include x-ray and MRI testing, injections, right hip surgery, physical therapy and prescription pain medications. The injured worker continues to experience bilateral knee pain. Upon examination, deep tendon reflexes area 1 plus at knees and trace at both ankles. Sensation to pin is diminished in the right lateral thigh, knee, leg and throughout the foot, especially over the first web space and sole of the foot. There is no effusion in the right knee, which ranges fully, but there is pain in the medial joint line and patellofemoral joint. Bilateral hip range of motion is reduced. A request for Supartz injections times 4 for the bilateral knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spurats injections times 4 for the bilateral knee: 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), Knee Chapter.

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

Decision rationale: Clarification, requested injection is "Supartz Injection" which is a hyaluronic injection. The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommends it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are: 1) Severe osteoarthritis: Meets criteria. Patient has documented imaging and prior procedures that is consistent with severe osteoarthritis. 2) Failure to adequately respond to steroid injection, fails criteria. There has not been any documented trial of steroid injection. 3) Failure of pharmacologic and conservative therapy. Documentation fails to meet these criteria. While patient has some deficits and pain related to knee pathology, the deficits is mild and the only rationale concerning need for injection is to aid in patient transitioning back to work. 4) Documented improvement from prior injections: Must document significant improvement lasting at least 6 months. An unknown time ago and there is no provided documentation concerning length of improvement and documentation of objective functional and pain improvement. 5) Series of injections are optional but guidelines generally do not recommend more than a series of 3 unless there is documentation of benefit. Patient fails multiple criteria to recommend Supartz injection. Hyaluronic acid injection is not medically necessary.