

Case Number:	CM15-0120080		
Date Assigned:	06/30/2015	Date of Injury:	12/17/2012
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old female, who sustained an industrial injury on 12/17/12. The injured worker has complaints of left knee pain. The diagnoses have included knee pain; chondromalacia, patella and hip pain. The documentation noted that there is tenderness at medial patellar facet, lateral patellar facet and global tenderness and mild crepitus. Treatment to date has included left knee X-ray on 1/16/13 showed no evidence of fracture or dislocation, there was mild medial joint space narrowing and eburnation; magnetic resonance imaging (MRI) of the left knee on 1/23/13 showed no evidence if internal knee derangement; cortisone injection into left knee on 9/25/14 which provided 55 percent relief, gradually returning in February 2015; ice therapy; motrin and norco; left knee X-ray on 4/22/15 showed there is mild tilt and subluxation of the patella and showing patellofemoral arthritis with lateral patellar tracking. The request was for left knee supartz injections with ultrasound guidance quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee supartz injections with ultrasound guidance QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best". There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. Therefore, the prescription of Left knee supartz injections with ultrasound guidance is not medically necessary.