

Case Number:	CM15-0149689		
Date Assigned:	08/12/2015	Date of Injury:	09/16/2008
Decision Date:	10/19/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 54 year old female who sustained an industrial injury on 9-16-08. Diagnoses included osteoarthritis lower leg; tear lateral cartilage/ meniscus knee; carpal tunnel release (2011); ankle surgery (1978); left knee surgery (2009); S, A right knee (2-13-13); left knee, chondroplasty (12-4-13). She currently (7-6-15) complains of bilateral knee pain and swelling and left knee locking; stiffness with prolonged sitting. On physical exam of the left knee there was no bursa swelling, mild patellar femoral joint crepitation, tenderness to palpation, 1+ effusion in knee joint, positive McMurray's and patellar compression tests, patella is stable; right knee shows moderate joint tenderness, 1+ effusion, painful positive McMurray's and patellar compression tests. Per the 7-6-15 assessment the provider indicates that the injured worker's symptoms have worsened and are persistent left greater than right. Diagnostics include standing x-rays of bilateral knees (7-21-14 and 7-6-15) revealed 2 millimeter interval medial compartment bilateral knees, 1 millimeter lateral compartment left knee and 3 millimeter lateral compartment right knee, degenerative joint disease. Treatments to date included Supartz series bilateral knees completed 9-4-14-status post 10 months with good improvement per 7-6-15 note but as of the 9-4-14 note and the date of the last injection in the series the injured workers symptoms regarding pain and swelling were unchanged per documentation and the next available note dated 1-8-15 noted bilateral knee pain, swelling and locking, status post 4 months injection; sleeve for swelling and locking; medication: naproxen. In the progress note dated 7-6-15 the treating provider's plan of care includes a request for a new series of Supartz injections (1-5) bilateral knees as good improvement was achieved with prior treatment. On 7-23-15 utilization review

evaluated and non-certified the request for Supartz injections x5 under ultrasound guidance to bilateral knees based on the fact that the knee is an easy joint to inject and is not consistent with ODG guidelines which indicate that anatomical guidance is generally adequate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections x 5 under Ultrasound Guidance, bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Knee & Leg (Acute & Chronic) (updated 7/10/15).

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

Decision rationale: This is a review for the requested hyaluronic acid injections (Supartz injections) x 5 under ultrasound guidance, bilateral knees. According to the ODG hyaluronic acid knee injections are recommended in patients with osteoarthritis who meet certain criteria. This patient meets the criteria for a repeat series of injections as there is documented significant improvement in symptoms for 6 months or more, according to the medical record. Although the ODG specifies that these injections are normally performed without fluoroscopic or ultrasound guidance it is not deemed contraindicated or inadvisable to utilize ultrasound guidance. Therefore the above listed issue is medically necessary.