

Case Number:	CM15-0023598		
Date Assigned:	02/13/2015	Date of Injury:	01/23/2014
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 46-year-old female who reported an injury on 07/06/2000 due to unspecified mechanism of injury. On 01/02/2015, she presented for a follow-up evaluation regarding her work related injury. It was noted that she was administered an injection her for right shoulder with moderate improvement. Her complaints at the time of the visit included shoulder, neck, and back problems but stated that they were not as bad as her left knee. She stated that her left knee had been giving her the most trouble. A physical examination showed tenderness at the patellofemoral joint with notable pain on grind. There was tenderness along the pes bursa and she was noted to have functional range of motion and no instability. She was diagnosed with left knee tri-compartmental osteoarthritis, medial, to some extent lateral, as well as patella femoral. The treatment plan was for a Supartz injection for the left knee x3. The rationale for treatment was to alleviate her knee symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection for left knee x3: 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 & Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic Acid injections.

Decision rationale: The California ACOEM Guidelines indicate that invasive techniques are not routinely recommended for the knee as there is a risk of intra-articular infection. The Official Disability Guidelines only recommend Supartz injections when there is evidence that the injured worker is experiencing significantly symptomatic osteoarthritis that has not responded to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these therapies. There should also be documentation of failure to adequately respond to aspiration and injection of intra-articular steroids. The documentation provided does not show that the injured worker has tried and failed recommended conservative therapy to address her knee symptoms to support the requested injection. Also, there is a lack of documentation showing that she has failed to adequately respond to aspiration and injection of intra-articular steroids into the knee. Furthermore, the guidelines do not generally support the use of injections into the knee due to their associated risks. Therefore, the request is not supported. As such, the request is not medically necessary.