

Case Number:	CM15-0046535		
Date Assigned:	03/18/2015	Date of Injury:	04/04/2011
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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, Michigan, 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 66 year old female, who sustained an industrial injury on 4/4/2011. She has reported a slip and fall onto the left knee. The diagnoses have included left knee sprain and left knee arthritis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy and home exercise, steroid joint injections, a knee brace, and Supartz injection to left knee, most recent noted in February 2014 with good relief. Currently, the IW complains of left knee pain with increased right knee pain. The physical examination from 2/9/15 documented no acute objective findings. The plan of care included Supartz injection to bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Supartz Injections under Ultrasound, x 5 per knee (total of 10 injections):

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) Hyaluronic Acid injections.

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

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is “Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best.” In this case, 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. The X-ray report dated February 2, 2012 noted minimal osteoarthritis of the knees. In addition, there is no documentation of functional improvement or reduction in medication usage with the previous 2 left knee Supartz injections series (2013 and 2014). Therefore, the request of Bilateral Knee Supartz Injections under Ultrasound, x 5 per knee (total of 10 injections) is not medically necessary.