

Case Number:	CM15-0064932		
Date Assigned:	04/13/2015	Date of Injury:	03/30/2006
Decision Date:	05/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This male sustained an industrial injury to the left knee on 3/30/06. Previous treatment included diagnostics, Supartz injections, physical therapy, H-wave therapy, home exercise and medications. In a progress note dated 9/16/14, the injured worker returned for the start of a second series of Supartz injections to the left knee. The last injection was completed on 9/30/2014. The physician noted that the injured worker had medial knee pain but did well for quite some time after the last series of injections in March 2014. Physical exams from progress notes dated 9/16/14, 9/23/14 and 9/30/14 were remarkable for no inflammation to the left knee. The injured worker walked without a limp. Current diagnosis included mild degenerative arthritis medial compartment left knee and patellofemoral joint. The future treatment plan was to repeat left knee Supartz injections. The IW discontinued exercise program due to increase in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection to the left knee #3: 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)-TWC, knee and leg chapter-Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized in the treatment of chronic joint pain when conservative treatments with medications and PT have failed. The use of hyaluronic acid derivative is indicated for severe knee arthritis an option to delay or avoid major invasive surgical treatment. The records show limited subjective, objective and radiological findings indicating a mild degenerative knee condition not severe arthritis. There is no documentation of failure of medications treatment, PT or standard steroid injections. The criteria for left knee Supartz injections #3 were not medically necessary.