

Case Number:	CM15-0076901		
Date Assigned:	04/28/2015	Date of Injury:	12/28/2005
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 12/28/2005. The injured worker is currently diagnosed as having osteoarthritis and symptomatic chondromalacia patella of the right knee and synovitis of the right knee. Treatment and diagnostics to date has included right knee arthroscopy, Supartz injections, corticosteroid injection, and medications. In a progress note dated 02/18/2015, the injured worker presented with complaints of a painful right knee. The treating physician reported requesting authorization for ultrasound guided Supartz injections of the right knee for osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Supartz injections to the right knee with ultrasound guidance, 2 millimeters per injection, once weekly for 5 weeks: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: This 50 year old female has complained of right knee pain since date of injury 12/28/05. She has been treated with surgery, steroid injections, Supartz injections and medications. The current request is for 5 Supartz injections to the right knee with ultrasound guidance, 2 millimeters per injection, once weekly for 5 weeks. Per the MTUS guidelines cited above, Supartz injection for knee pain is not a recommended pharmaceutical or procedural intervention. Based on the MTUS guideline cited above, 5 Supartz injections to the right knee with ultrasound guidance, 2 millimeters per injection, once weekly for 5 weeks. Therefore, this request is not medically necessary.