

Case Number:	CM15-0093885		
Date Assigned:	05/21/2015	Date of Injury:	02/03/2010
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on February 3, 2010. The injured worker was diagnosed as having lumbago, pain in joint involving the lower leg, and osteoarthric changes of the right knee. Treatment to date has included physical therapy, acupuncture, viscosupplementation, MRI, and medication. Currently, the injured worker complains of occasional bilateral low back pain that was 7/10 on the pain scale, and occasional right knee pain that radiates to the back with tingling and numbness, rated a 6/10 on the pain scale. The Primary Treating Physician's report dated April 20, 2015, noted the injured worker's report of her pain levels was without medication. The injured worker was noted to have difficulty falling asleep due to pain, with symptoms of anxiety and depression. Palpation was noted to reveal paraspinal tenderness at the L4-L5 and L5-S1 levels and bilateral SI joint. Pain was noted in the right forearm above the wrist that extended to the medial elbow. Patellofemoral crepitus was noted to be positive on the right. The Provider noted the pain management specialist had requested the injured worker to receive Supartz injection/ viscosupplementation injections to the right knee X5, however it had been denied by the UR. The injured worker was noted to have failed other conservative treatments, with improvement with previous viscosupplementation. The treatment plan was noted to include a request for authorization for Supartz injections X5 of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartx injection x 5 for the right knee without ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections.

Decision rationale: The 59 year old patient presents with occasional low back pain, rated at 7/10, and occasional right knee pain, rated at 6/10, accompanied by numbness and tingling and radiating to the back, as per progress report dated 04/20/15. The request is for SUPARTZ INJECTION X 5 FOR THE RIGHT KNEE WITHOUT ULTRASOUND. The RFA for the case is dated 03/09/15, and the patient's date of injury is 02/03/10. The patient is also experiencing anxiety, depression and sleep issues, as per progress report dated 04/20/15. Diagnoses included lumbago, pain in joint involving lower leg, and osteoarthritic changes of the right knee. The patient is permanently partially disabled, as per the same progress report. MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections are, "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." ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection, there is morbid obesity or draining popliteal cyst. Regarding repeat injections, guidelines state that "If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series." Guidelines also state that "a series of three injections of Hylan or one of Synvisc-One hylan are recommended as an option for osteoarthritis." In this case, the request for Supratz injection is first noted in progress report dated 01/26/15. In progress report dated 04/20/15, the treater states that the patient has received these injections in the past about two-and-half years ago "with great success that has basically helped the patient to deal with the pain for the last two and half years ago with less pain and more functionality post injection." The patient has osteoarthritis of the knee characterized by narrowing joint spaces in the medial joint and has failed conservative care including medications and physical therapy. ODG guidelines allow for repeat injections if prior injections led to significant improvement in symptoms for 6 months or more. Given the efficacy of past injections, the injections may benefit the patient. ODG, however, supports a series of three injections for osteoarthritis. Hence, the request for 5 injections IS NOT medically necessary.