

Case Number:	CM15-0098503		
Date Assigned:	05/29/2015	Date of Injury:	01/15/2009
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This 52 year old female sustained an industrial injury on 1/15/09. She subsequently reported back and knee pain. Diagnoses include lumbar and cervical degenerative disc disease and left knee medial meniscus tear. Treatments to date include MRI and x-ray testing, injections and prescription pain medications. The injured worker continues to experience bilateral knee, shoulder and low back pain. Upon examination, the injured worker walks with a limp due to left knee weakness. Straight leg raise testing was positive to 80 degrees bilaterally. Left knee and bilateral shoulders reveal diminished range of motion. A request for Left Knee Supartz Injections was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Supartz 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), Knee and Leg Chapter, Criteria for Hyaluronic acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg (acute and chronic) chapter, hyaluronic acid injections.

Decision rationale: The patient was injured on 01/15/09 and presents with right shoulder pain, left knee pain, and back pain. The request is for LEFT KNEE SUPARTZ INJECTION. There is no RFA provided and the patient is permanent and stationary. There is only one report provided from 04/16/15 and there are no MRI findings of the left knee provided. Review of the reports provided does not indicate if the patient had a prior left knee supartz injection. MTUS Guidelines are silent on Orthovisc injections. ODG Knee and Leg (acute and chronic) Guidelines 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 the 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 not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. The patient is diagnosed with lumbar/cervical degenerative disc disease and left knee medial meniscus tear. Treatments to date include MRI and x-ray testing, injections and prescription pain medications. She has a limited shoulder range of motion, walks with a limp, wears a knee brace, and has a positive straight leg raise. No further objective findings are provided. The 04/16/15 report states that the patient needs Supartz injections for her left knee and I am requesting 3 of these injections, and hopefully this will help her with the ongoing pain. She does have arthritis surfaces which are probably causing this. Although the patient may have arthritis surfaces, there is no case of severe osteoarthritis as required by ODG guidelines. There are no MRI findings provided which discuss any significant arthritis, there is no documentation of any prior supartz injection to the left knee, and there is no documentation of the patient failing the use of NSAIDs or any form of exercise. The request IS NOT medically necessary.