

Case Number:	CM15-0098580		
Date Assigned:	05/29/2015	Date of Injury:	02/18/2009
Decision Date:	07/03/2015	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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 02/18/2009. She reported slipping causing her to fall and land in a seated position with the bilateral hands extended backwards. The injured worker also noted that as she was falling she jerked her back noting pain to the neck, back, hands/arms, and shoulders. The injured worker was diagnosed as having right knee meniscus tear, status post right knee arthroscopy, post traumatic osteoarthritis of the right knee, cervical and lumbar disc herniation, status post cervical five to six cervical anterior cervical discectomy and fusion, status post lumbar four to five and lumbar five to sacral one discectomy and fusion, bilateral carpal tunnel syndrome, and status post left shoulder surgery. Treatment and diagnostic studies to date has included medication regimen, x-rays, physical therapy, magnetic resonance imaging studies of the right knee and left shoulder, and above listed procedures. In a progress note dated 02/09/2015 the treating physician reports complaints of frequent jaw pain with tightness; frequent episodes of shortness of breath with chest pain; frequent episodes of dizziness, loss of balance, and occasional nausea; severe migraines located to the back of the head with associated symptoms of nausea, vomiting, dizziness, and loss of equilibrium; with frequent neck pain that radiates to the shoulders with the left greater than the right along with weakness to the upper extremities and hands and numbness to the fingers; frequent pain to the bilateral shoulders; frequent pain to the bilateral wrists, hands, and thumbs with associated symptoms of numbness, tingling, and swelling; constant low back pain that radiates down the lower extremities along with numbness and tingling to the legs; frequent right knee pain along with symptoms of popping, swelling, and clicking; and frequent

pain to the bilateral feet with associated symptoms of numbness, tingling, and swelling. Examination reveals limited range of motion of the cervical spine, tenderness and hypertonicity of the suboccipital region and cervical paravertebral muscles, limited range of motion of the lumbar spine, tenderness and hypertonicity of the lumbar paraspinal muscles and the quadratus lumborum muscles, a positive straight leg raise bilaterally, tenderness and hypertonicity of the trapezius, rhomboids, and parascapular muscles, positive Neer's Impingement Test and Hawkin's Impingement Test bilaterally, a positive Phalen's test bilaterally, and limited range of motion to the bilateral knees with tenderness on palpation at the right knee medial joint line. The treating physician requested Supartz injections to the right knee with the treating physician noting that the injured worker has post traumatic arthritic changes secondary to prior meniscectomy and notes that the injured worker is not a good surgical candidate with the knee not impaired enough for surgery, but does recommend viscosupplementation injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections to the right knee x 5: 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 & Leg, 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 (ODG) Knee section, Hyaluronic acid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, Supartz injection right knee times five is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's relevant working diagnoses are right knee meniscal tear; status post right knee arthroscopy; posttraumatic osteoarthritis right knee. On February 9, 2015, the injured worker presented to a new orthopedist for an evaluation. An initial evaluation was completed. The injured worker had multiple complaints including right knee pain, status post right knee arthroscopy July 8, 2011. The injured worker had an MRI May 22, 2012. On February 9, 2015,

the injured worker had weight-bearing x-rays of the right knee. The interpretation stated "mild medial joint space narrowing with good alignment. There were no fractures or lesions present." The documentation did not reflect severe osteoarthritis area there was no documentation of prior aspiration and/or injection of intra-articular steroids. Subjectively, according to a February 9, 2015 progress note, the patient has frequent pain in the right knee that increases with walking, standing. Patient states there is swelling, popping and clicking. Objectively, flexion of the knee is 130 on the right and 140 on the left (normal is 150). Palpation of the medial joint line and lateral joint line revealed tenderness on the right. Consequently, absent clinical documentation indicating severe osteoarthritis of the knee including bony enlargement, tenderness with x-ray documentation of severe osteoarthritis and prior for the steroid injections, Supartz injection right knee times five is not medically necessary.