

Case Number:	CM14-0155889		
Date Assigned:	09/25/2014	Date of Injury:	07/09/2012
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year-old male with date of injury 07/09/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/01/2014, lists subjective complaints as pain in the neck, mid back, right shoulder, and bilateral knees. Objective findings: Examination of the bilateral knees revealed medial and lateral joint line tenderness. Crepitus was present bilaterally. Range of motion included flexion 40 degrees, extension 15 degrees and lateral movement 10 degrees. McMurray's test was positive bilaterally. Knee muscle strength was 5-/5 bilaterally. Diagnosis: 1. Status post anterior cervical fusion, C6 -C7 2. Thoracic strain/sprain 3. Lumbar strain/sprain 4. Right shoulder tendinosis 5. Bilateral knee swelling, right OA, left CMP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Supartz x3 each knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, 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 & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines contain numerous criteria which are used to evaluate the appropriateness of hyaluronic acid injections to the knee. The medical record does not contain the necessary documentation to recommend hyaluronic acid injections. Specifically, significant improvement in symptoms for 6 months or more, and if symptoms recur, additional injections may be appropriate. In addition, The American College of Rheumatology, lists knee pain and at least 5 of 9 criteria. There is little documentation in the medical record which would allow the authorization of the injections using the ACR criteria either. In addition, injections are typically authorized one at a time so that their efficacy can be evaluated. Requesting physician has asked for authorization of more injections than is recommended. The request is not medically necessary and appropriate.