

Case Number:	CM13-0013112		
Date Assigned:	09/25/2013	Date of Injury:	04/22/2011
Decision Date:	02/11/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

The claimant is a 49-year-old gentleman who was injured in a work related accident on April 11, 2011. The clinical records reviewed include radiographs of the knee from September 18, 2012 which showed early degenerative changes about the medial and lateral patellofemoral joint. Recent clinical assessment dated July 5, 2013 indicated ongoing complaints of chronic left knee pain. It states he is with a documented osteochondral defect from prior surgical process which included an arthroscopy and debridement. It states specifically "He has not received any corticosteroid injections or viscosupplementation". Physical examination on that date showed +1 tenderness laterally and +2 tenderness medially with slight discomfort with McMurray's testing. Working assessment was that of chronic left knee pain status post prior meniscectomy and medial femoral chondroplasty with osteochondral defect. Surgical arthroscopy with meniscal and cartilage treatment as indicated was recommended. At present there is a current request for a series of viscosupplementation injections to the knee without documentation of further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) series of five (5) Supartz Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Hyaluronic Acid Injections.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of viscosupplementation injections would not be indicated. Clinical records at the last assessment clearly indicate that the claimant has had no form of conservative care in the form of corticosteroid or prior viscosupplementation. Official Disability Guidelines in regards to the use of viscosupplementation injections indicate the need to demonstrate failure with prior forms of conservative care that would include installation of corticosteroid. The absence of documentation of the above at present would fail to necessitate the acute need of viscosupplementation injections in this individual