

Case Number:	CM13-0017322		
Date Assigned:	10/11/2013	Date of Injury:	11/17/2012
Decision Date:	02/05/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 39-year-old male who reported an injury on 11/17/2012 after slipping on a wet surface causing injury to the left knee. This injury resulted in multiple surgical procedures to include meniscus repair and loose body removal. The patient received a postoperative course of physical therapy and immobilization with a brace. The patient's most recent clinical examination findings included patellofemoral issues with pain, grinding, and popping. Physical findings included multiple surgical scars and a positive patellar grind. The patient underwent an x-ray that revealed irregularity of the medial femoral condyle and lateral femoral condyle with increased sclerotic changes consistent with early degenerative disease. The patient diagnosis included chondromalacia patella. The patient's treatment plan included a series of Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for 3 Spupartz Injections, Left Knee 76942: 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 Online Edition

MAXIMUS guideline: The Expert Reviewer 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.

Decision rationale: The requested series of 3 Supartz injections of the left knee are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has mild degenerative changes. Official Disability Guidelines recommend hyaluronic injections for patients with significantly symptomatic osteoarthritis that is considered severe. The clinical documentation submitted for review does not provide any evidence of bony enlargement, bony tenderness, morning stiffness, or palpable warmth of the synovium. Additionally, these types of injections are not generally recommended for chondromalacia patella. Clinical documentation submitted for review does provide evidence that the patient has physical findings and imaging studies to support the diagnosis of chondromalacia patella. Therefore, hyaluronic acid injections would not be indicated. Therefore, the requested series of 3 Supartz injections for the left knee 76942 is not medically necessary or appropriate.