MAXIMUS Federal Services

Case Number:	CM13-0028938		
Date Assigned:	03/19/2014	Date of Injury:	03/29/2011
Decision Date:	04/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 36 year old male who sustained an industrial crushing accident on March 29, 2011. His diagnoses include: 1. A right leg injury on March 29, 20ll with compartment syndrome requiring a fasciotomy and subsequent skin grafting. 2 Anterior cruciate ligament reconstructions in July 2011 3 .Subsequent right knee arthroscopy with chondroplasties and partial medial meniscectomy on June 22, 2012.4. Status post tissue expander placement and removal, as well as scar revision 5 Slight residual anterior cruciate ligament laxity. There is a request for 5 Supartz injections to the right knee. A 6/24/13 document by the primary treating physician states that an x-ray of the right knee was taken and reveals normal findings. A 7/18/13 MRI of the right knee revealed :1. Slight blunting of free edge of medial meniscus body. There is no focal medial or lateral meniscus tear defect identified. 2. Slight, mild chondral thinning, as described. 3. Anterior cruciate ligament graft mild infiltrative change and/or possibly intrasubstance sprain, but there is no focal tear defect identified. 4, Synovitis and scarring of fatpad margins along anterior joint line and trochlea, which may be a localized arthrofibrosis. An 8/2/13 document states that on physical exam the patient can extend the knee fully and flex to 130 degrees. There is crepitus with range of motion. We previously treated him with a cortisone injection in the knee, which was helped for a few weeks, but the effects then wore off. Radiographs of the knee have been normal except for the anterior cruciatc ligament graft tunnels. A 9/16/13 documents states that patient radiographically has mild osteoarthritis. He can extend his knee fully and flex to 120 degrees. There is crepitus with range of motion at the patellofemoral medial compartments of the joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE (5) SUPARTZ INJECTIONS TO THE RIGHT KNEE BETWEEN 9/12/13 AND 10/27/13: 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)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG: HYALURONIC ACID INJECTIONS- CRITERIA FOR HYALURONIC ACID INJECTIONS

Decision rationale: Five (5) Supartz injections to the right knee between 9/12/13 and 10/27/13 are not medically necessary. The MTUS does not specifically address Supartz injections. The ODG states that the patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies after at least 3 months may be eligible for hyaluronic acid injections. The documentation submitted does not reveal documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Hyaluronic injections for other causes are not recommended because the effectiveness of hyaluronic acid injections for these indications has not been established. The request for five Supartz injections between 9/12/13 and 10/27/13 is therefore not medically necessary.