

Case Number:	CM13-0041936		
Date Assigned:	12/20/2013	Date of Injury:	03/06/2011
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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, 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:

According to the records made available for review, this is a 40-year-old male with a 3/6/11 date of injury and status post left knee arthroscopy on 9/20/11. At the time (9/30/13) of request for authorization for Supartz injection left knee x3 J7321, there is documentation of subjective (flare-up of left knee pain mostly to the anterior knee that radiates down the anterior leg, and difficulty kneeling, squatting and climbing activities) and objective (tenderness to palpation over the medial patellar facet, medial retinaculum, lateral patellar facet and quadriceps tendon, positive Osmond Clarke and Bounce-home tests, and pain on resisted knee extension) findings, imaging findings (reported MRI of the right knee (9/6/13) revealed grade II chondromalacia of the lateral patellar facet and thickening along the patella tendon; report not available for review), current diagnoses (left knee patellofemoral pain, chondrosis, maltracking, and patellar tendinitis), and treatment to date (left knee arthroscopy, physical therapy, cortisone injection, exercise, weight loss, and medication). In addition, 10/4/13 medical report identifies articular cartilage wear behind the patella at the time of the arthroscopy in 2011. Furthermore, 12/11/13 physical therapy progress note identifies the patient has completed 10 out of 12 physical therapy sessions with pain level at 1-2/10, 5/5 strength of the quadriceps, and tolerating limited lower extremity progressive resistive exercises. There is no documentation of failure of additional conservative treatment (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION LEFT KNEE X3 J7321: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, HYALURONIC ACID INJECTIONS

Decision rationale: MTUS does not address this issue. The ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. Within the medical information available for review, there is documentation of diagnoses of left knee patellofemoral pain, chondrosis, maltracking, and patellar tendinitis. In addition, given documentation of subjective findings (flare-up of left knee pain that radiates down the anterior leg with difficultly kneeling, squatting and climbing activities), objective findings (tenderness to palpation over the medial patellar facet, medial retinaculum, lateral patellar facet and quadriceps tendon, positive Osmond Clarke and Bounce-home tests, and pain on resisted knee extension), conservative treatment (medications, steroid injections, weight loss, and exercises), and arthroscopy findings of articular cartilage wear behind the patella, there is documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments, failure of conservative treatment (weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and arthroscopy findings diagnostic of osteoarthritis. However, given documentation of December 11, 2013 physical therapy progress note identifying the patient has completed ten out of twelve physical therapy sessions with pain level at one to two out of ten, 5/5 strength of the quadriceps, and tolerating limited lower extremity progressive resistive exercises; there is no documentation of failure of additional conservative treatment (physical therapy). Therefore, the request for three supartz injections of the left knee is not medically necessary.