MAXIMUS Federal Services

Case Number:	CM13-0042272		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and Florida. 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 66-year-old male who was injured on 10/18/2011 the mechanism of the injury are not noted, aside from stating that the patient experiences knee pain after a twisting injury. The patient suffers from chondromalacia and right knee osteoarthritis. He has previously undergone arthroscopic debridement. He was noted to have chondral changes along the medial femoral condyle consistent with right knee osteoarthritis. The patient has failed conservative management which has included cortisone injections, anti-inflammatory medications, and activity restrictions. An MRI performed on 09/04/2013 reveals arthritis. Upon examination, right knee range of motion is normal; there are negative orthopedic tests and no presence of tenderness. The provider recommends viscosupplementation injections to the right knee arthritis. The patient has undergone cortisone injections with mild relief reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injections; Right Knee x 5: 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)-TWC-Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation tOfficial Disability Guidelines (ODG)-TWC-Knee and Leg Chapter, Hyaluronic Acid Injection.

Decision rationale: Regarding the request for Supartz Injections; Right Knee x 5, the guideline stated that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). This patient has a diagnosis of chondromalacia, therefore the use of Supartz injections is not supported by the guideline, since there is insufficient evidence to use it for this condition. Therefore it is not medically necessary.