

Case Number:	CM13-0047895		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2010
Decision Date:	03/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 8, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, prior left knee surgery, brief periods of time off of work and reported return to regular work. In a utilization review report of October 18, 2013, the claims administrator denied a request for three Supartz injections. The claims administrator wrote that the applicant had received this treatment in the past. The claims administrator apparently denied a request on the grounds that there is no radiographically confirmed evidence of knee arthritis. A right knee series of January 30, 2012 is read as negative for any acute disease. There is no specific mention made of knee arthritis. On a March 14, 2013 progress note, the applicant was given a diagnosis of right knee pain secondary to knee arthritis and given a Supartz injection. The applicant was returned to his regular duty work and asked to follow up on an as needed basis. In a medical legal evaluation of June 25, 2012, the medical legal evaluator alludes to an operative report of March 22, 2011, in which the applicant undergoes a right knee partial medial and lateral meniscectomy, microfracture of trochlea, chondroplasty, and tricompartmental synovectomy. It is stated that the applicant is given postoperative diagnosis of right knee medial and meniscal tears, grade 3 articular cartilage wear, and grade 4 articular cartilage losses about the trochlea with grade 3 articular cartilage wear about the patella. On October 3, 2013, the attending provider sought authorization for repeat viscosupplementation injections and again noted that these injections had allowed the applicant to continue working regular duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat series of 3 Supartz injections for the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, viscosupplementation injections are indicated in the treatment of moderate to severe knee arthritis that has proven refractory to other treatments, including NSAIDS, weight loss, Tylenol, and/or exercise. Viscosupplementation has also been used to treat knee pain after arthroscopy and meniscectomy, ACOEM further notes. In this case, the applicant, contrary to what was suggested by the claims administrator, does in fact have radiographically confirmed knee arthritis with evidence of multicompartmental articular cartilage loss and/or articular cartilage wear. The applicant is, furthermore, status post knee arthroscopy and meniscectomy, suggesting that whatever previous arthritic changes were evident in 2011 may in fact have progressed over time. Thus, the applicant does have clinically evident and radiographically confirmed knee arthritis for which viscosupplementations are indicated, contrary to what was suggested by the claims administrator. As noted by the attending provider, the applicant's successful achievement and/or maintenance of return regular duty work status does constitute prima facie evidence of functional improvement as defined by the parameters established in MTUS 9792.20f after having completed previous Synvisc injections. For all of these reasons, then, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.