

Case Number:	CM13-0052935		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2011
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, and is licensed to practice in Pennsylvania. 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:

The injured worker is a 49-year-old male who reported an injury on 10/03/2011 after the injured worker sustained a crush injury to the right ring finger which caused a fall onto his bilateral knees. The injured worker underwent surgical intervention in 08/2013 to the right knee. An operative report from that date noted that the injured worker underwent chondroplasty, synovectomy, lateral release, and partial posterior horn meniscectomy. The injured worker was evaluated on 10/17/2013. It was documented that the injured worker had 1 out of 10 pain at rest that increased with activity up to a 5/10 to 9/10. It was noted that the injured worker was receiving physical therapy treatments to the right knee with only partial benefit. Physical findings included range of motion of the right knee described as 0 degrees to 130 degrees with pain. It was noted that the injured worker had patellofemoral crepitus, tenderness to palpation of the medial joint line. The injured worker's diagnosis included status post right knee arthroscopy. The injured worker's treatment plan included series of 5 Supartz injections to the right knee to assist with reducing inflammation and pain and continuation of medications to include Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 SQUAT INJECTIONS TO RIGHT KNEE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The requested 5 Supartz injections to the right knee are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address Supartz injections. Official Disability Guidelines recommend hyaluronic acid injections for injured workers who are significantly symptomatic of osteoarthritis and have not responded to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the injured worker has symptoms of severe osteoarthritis that significantly impair their functional capabilities. Additionally, Official Disability Guidelines do not recommend hyaluronic acid injections after knee arthroscopic meniscectomy. There are no scientific studies to support the efficacy of the use of this treatment in the postsurgical management of a meniscectomy. The clinical documentation fails to provide any exception factors to support extending treatment beyond guideline recommendations. As such, the requested 5 Supartz injections for the right knee are not medically necessary or appropriate.