

Case Number:	CM13-0058778		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2010
Decision Date:	04/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 is licensed to practice in Oklahoma and Texas. 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 patient is a 47-year-old male who reported an injury on 02/15/2010. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include meniscal tear of the left knee, chondromalacia left knee, and plica syndrome of the left knee. Patient underwent an arthroscopic partial medial and lateral meniscectomy, excision of a cartilaginous loose body, excision of fibrotic and large suprapatellar plica with a synovectomy on 11/12/2012. The patient has received physical therapy, NSAIDS, medication management, cortisone injections, and activity modification. The patient received a cortisone injection on 08/23/2013 into the knee. He expressed complete relief from pain for 3 days after the injection and had a benefit for a month in pain reduction. There was no swelling or inflammation noted at that time. The cortisone injection allowed the patient to bend and kneel as well as walk and stand for 20 minutes longer. Most recent clinical note 12/11/2013 reveals the patient rates his pain 4/10 to 5/10 without medications. He describes the pain as displacement and achy with throbbing. The patient was working full duty. Objective findings upon examination revealed normal contours of the joint bilaterally, no effusion, color or temperature change bilaterally, bilateral leg strength was measured at 5/5 with full range of motion, ligaments were stable bilaterally, left knee was tender at the medial patella area, and there was medial joint line tenderness noted with crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED INJECTION SUPARTZ ERIES TIMES THREE (3), LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic acid injections

Decision rationale: California MTUS/ACOEM does not address the use of hyaluronic acid injections. Per Official Disability Guidelines, it is stated that criteria for the use of a hyaluronic acid injection would be the patient experiencing significant symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacological and pharmacological treatments after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain interfering with functional activities, and failure to adequately respond to aspiration and injection of intra-articular steroids. There is documentation that the patient has symptomatic severe osteoarthritis of the knee to include tenderness to palpation of the medial joint line and crepitus. However, there is documentation in the medical record that the patient did receive positive response from his prior cortisone injection. The patient also continues to work full duty, with full muscle strength, full range of motion, normal contours of the joint bilaterally, no effusion, color or temperature change bilaterally, and the ligaments are stable bilaterally. Therefore, the medical necessity for the requested service cannot be determined at this time. As such, the request for an ultrasound guided injection supartz series times 3 to the left knee is non-certified.