

Case Number:	CM13-0067618		
Date Assigned:	01/03/2014	Date of Injury:	07/23/2012
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in 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 injured worker is a 52-year-old male who reported injury on 07/23/2012. The mechanism of injury was not provided. The documentation of 11/18/2013 revealed the injured worker had complaints of pain and swelling and had been performing in physical therapy. The injured worker's diagnosis was chondromalacia. The physical examination of the left knee revealed the injured worker had range of motion of 0 to 130 degrees with pain and crepitus. The injured worker was postoperative left knee arthroscopy with partial medial and lateral meniscectomies, loose body removal, chondroplasty, synovectomy, and arthrocentesis. The plan and treatment included continued physical therapy 2 times a week for 6 weeks, and Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 SUPARTZ INJECTIONS TO THE LEFT 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, Knee Chapter: Criteria for Haluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections

Decision rationale: Official Disability Guidelines recommend hyaluronic injections for injured workers with significantly symptomatic osteoarthritis who have not responded adequately to recommended conservative, non-pharmacologic and pharmacologic treatments or who are intolerant of these therapies after at least 3 months. Documented symptomatic severe osteoarthritis includes bony enlargement, bony tenderness, crepitus on active motion, and less than 30 minutes of morning stiffness, with no palpable warmth of synovium and the injured worker must be over 50 years of age. There should be documentation of pain interfering with functional activities, and that the pain is not attributed to other forms of joint disease. The injured worker should have failure to adequately respond to aspiration and injection of intra-articular steroids. It is generally performed without fluoroscopic or ultrasound guidance. Clinical documentation submitted for review indicated the physician opined the injured worker should consider cortisone injections at his next visit due to ongoing symptoms. In the event he is the same or worse, the physician would recommend viscosupplementation. The clinical documentation submitted for review indicated the injured worker was 52 years of age. There is a lack of documentation indicating the injured worker had pain that interfered with functional activities and was not attributed to other forms of joint disease. There was a lack of documentation of the injured worker's failure to adequately respond to aspiration and injection of intra-articular steroids. Given the above, the request for 5 Supartz injections to the left knee is not medically necessary.

PHYSICAL THERAPY FOR THE LEFT KNEE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS postsurgical medicine guidelines indicate that the treatment for tear of a medial/lateral cartilage/meniscus of the knee is 12 visits over 12 weeks. The clinical documentation submitted for review failed to indicate the quantity of sessions previously attended and the functional benefit that was received. Additionally, there was a lack of documentation indicating the injured worker had objective functional deficits to support the necessity for further treatment. The request exceeds guideline recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for PT for the left knee is not medically necessary.