

Case Number:	CM13-0067792		
Date Assigned:	01/08/2014	Date of Injury:	08/13/1999
Decision Date:	04/22/2014	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 Orthopaedic Surgery, 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 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 42-year-old male who reported a work related injury on 08/13/1999, when he slipped. The patient's diagnoses include osteoarthritis to the left knee, medial meniscus tear, and re-rupture of anterior cruciate ligament reconstruction. The patient underwent a knee arthroscopic debridement in 1991, and a left knee debridement of meniscus tear and auto graft anterior cruciate ligament reconstruction in 1999. X-rays of the left knee dated 09/11/2013 revealed osteoarthritic changes in the joint space, both in the medial and lateral compartments with spur formation, with evidence of previous anterior cruciate ligament reconstruction. The left knee MRI dated 10/06/2013 revealed status post anterior cruciate ligament repair with no evidence of tear, tears at the anterior horn of the lateral meniscus and the posterior horn of the medial meniscus, and severe tricompartment osteoarthritis. The patient has undergone conservative treatment to include physical therapy sessions. A request has been made for 3 Supartz injections for the left knee between 11/21/2013 and 01/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) SUPARTZ INJECTIONS FOR THE LEFT KNEE BETWEEN 11/21/2013 AND 1/5/2014: Overturned

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

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

Decision rationale: Official Disability Guidelines state criteria for hyaluronic acid injections include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments, documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years age, and pain interferes with functional activities. Per the clinical note dated 12/04/2013, the patient had tenderness over the medial and lateral joint line to the left knee with associated prominence, which appeared to be osteoarthritic spurs, and had limited range of motion to his left knee with marked patellofemoral crepitus. It was noted the patient had documented severe osteoarthritic changes on objective radiographic findings to include an MRI and x-rays, which showed significant tricompartmental osteoarthrosis. The patient had a total of 6 visits of physical therapy, a corticosteroid injection into the knee, as well as the use of continued oral anti-inflammatory medications for a period of greater than 3 months without significant relief. The patient was also noted to have bony enlargement, bony tenderness, crepitus with active motion, and no palpable warmth over the synovium and less than 30 minutes of morning stiffness. The requesting doctor stated the patient did not have an arthrocentesis for fluid analysis, as he did not have a significant amount of fluid within the knee joint that he felt could be safely tapped without significant contamination with either blood or introducing foreign material into the knee joint. It was noted the use of erythrocyte sedimentation rate, C-reactive protein, and intra-articular fluid analysis was not appropriate or warranted for the patient, as he did not have a rheumatologic process such as rheumatoid arthritis or other inflammatory arthritis. Therefore, given the above, the patient meets guideline criteria for the use of hyaluronic acid injections to the knee. As such, the decision for three (3) Supartz injections for the left knee, between 11/21/2013 and 01/05/2014, is certified.