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| Case Number: | CM13-0069493 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/07/2011 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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:

This is a 47-year-old male who suffered a vocationally related injury on 03/07/11. The records reflect that he has been treated for a variety of musculoskeletal complaints including bilateral knee pain as well as low back pain. The request is to determine the medical necessity of viscosupplementation as recommended into the right knee. The records reflect that this gentleman has had a series of right knee surgeries. The operative reports are not available, but the records suggest that surgical arthroscopy in January of 2012 that he underwent meniscectomy as well as medial femoral condyle chondroplasty. The subsequent records document persistent pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION x 3 FOR THE 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), Knee Chapter, Hyaluronic acid injections.

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: MTUS and ACOEM Guidelines do not address the indication for viscosupplementation. The Official Disability Guidelines state that it is recommended as an option for treatment of osteoarthritis. They go on to point out that the patient should have failed all pharmacologic and non-pharmacological courses and treatment prior to undergoing viscosupplementation. In the previous Utilization Review, the peer advisor pointed out that MRI reports are not available and there is no discussion regarding the severity of the patient's arthritis. As such, they stated that the indications for viscosupplementation would not be established in this particular case. While I would acknowledge the peer advisor's point, I would nevertheless also point out that the reports of right knee arthroscopic surgery did in fact document that the patient underwent chondroplasty in the medial femoral condyle, a procedure that is reserved for degenerative changes in the joint. As such, it would appear that this patient does in fact have degenerative changes and thus would be considered a candidate for viscosupplementation. What the records do not point out is the severity of osteoarthritis as noted by the peer advisor, nor do they document conclusive evidence that this patient has exhausted all pharmacological and non-pharmacological treatments including a corticosteroid injection. As such, I would agree with the previous peer advisor's adverse determination to the extent that the evidence based guidelines are not satisfied in this particular case, as there is no clear discussion as to the extent of degenerative changes and the failure of all pharmacological and non-pharmacological treatments. As such, the request would not be considered reasonable and medically necessary.