

Case Number:	CM14-0001111		
Date Assigned:	01/22/2014	Date of Injury:	05/02/2012
Decision Date:	04/15/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine, 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 62-year-old male with a 5/2/12 date of injury and left knee arthroscopic debridement and medial meniscectomy on 10/20/12. Subjective complaints include left knee pain aggravated by prolonged walking and standing, and objective findings include knee crepitus in the patellofemoral compartment, medial joint line tenderness, painful McMurray's test, and weakness in left knee flexion. Current diagnoses include degenerative joint disease and medial meniscus tear left knee, and treatment to date has been three previous Supartz injections (the third being on 6/21/13), and medications (Celebrex). The 7/31/13 medical report identifies that the patient was experiencing left knee pain rated as 8/10 less than one month after the last Supartz injection. There is no documentation of pain relief for 6-9 months after viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE ULTRASOUND GUIDED 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Hyaluronic acid (Supartz®) is a sterile, viscoelastic, non-pyogenic solution. The MTUS does not address this issue. The Official Disability Guidelines identify documentation of pain relief for 6-9 months and recurrence of symptoms, as criteria necessary to support the medical necessity of a repeat series of viscosupplementation injections. Additionally, the ODG supports no more than three series of injections over a 5-year period. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease and medial meniscus tear left knee. In addition, there is documentation of recurrence of symptoms. However, given documentation of the patient experiencing 8/10 left knee pain less than one month after viscosupplementation injection, there is no documentation of pain relief for 6-9 months. Therefore, based on guidelines and a review of the evidence, the request for three ultrasound-guided Supartz injections to the left knee is not medically necessary.