MAXIMUS Federal Services

Case Number:	CM14-0001125		
Date Assigned:	01/24/2014	Date of Injury:	03/09/2008
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 injured worker is a 51-year-old female who reported an injury on 03/09/2008 secondary to unknown mechanism of injury. The injured worker was evaluated on 11/01/2013 for reports of increased anterior medial pain to the left knee and inability to tolerate wearing a brace. The exam noted edema bilaterally; the injured worker also reported twitching bilaterally to the lower extremities at night. The exam noted depressed vibratory senses slightly too both legs. The knee flexion was noted at 0 to 115 degrees with no crepitus ranging over the knee. The diagnosis included progressive left knee pain. There was documentation of a phone call between the injured worker and physician indicating reports of increased left knee pain from the front of the joint radiating to the medial joint line. The diagnosis included left knee pain. The treatment plan included an MRI of the left knee, a Supartz injection, and to avoid NSAIDS due to her gastro esophageal reflux disease. The request for authorization dated 12/05/2013 was found in the documentation provided. The rationale for the request was that she had never had a left knee MRI and because the injured worker responded to Supartz injections to her right knee prior to end stage arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT KNEE ON 3T SCANNER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI left knee on 3T scanner is not medically necessary. The California MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. The injured worker complained of left knee pain; however, there is a significant lack of objective evaluation of the left knee in the documentation provided. Furthermore, there is no evidence of conservative care trials such as physical therapy. Therefore, based on the documentation provided, the request is not medically necessary.

SERIES OF 5 SUPARTZ INJECTIONS INTO 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

Decision rationale: The request for series of 5 Supartz injections into left knee is not medically necessary. The Official Disability Guidelines may recommend Hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment such as exercise, NSAIDS, and acetaminophen. The guidelines further recommend the documentation of symptomatic severe osteoarthritis in the knee interfering with functional activities, failure to adequately respond to aspiration and injection of intra-articular steroids. There is a significant lack of clinical evidence of severe osteoarthritis of the left knee interfering with the injured worker's functional activities. There was also no indication of prior trials of physical therapy or aspiration and injection of intra-articular steroids. Therefore, based on the documentation provided, the request is not medically necessary.