

Case Number:	CM14-0001998		
Date Assigned:	01/24/2014	Date of Injury:	03/24/2010
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
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 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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis with knee chondromalacia, knee arthritis, and meniscal derangement; earlier shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for a right knee Supartz injection. Little or no rationale was provided. The utilization reviewer stated that the applicant's physical exam findings were not consistent with criteria for performance of Synvisc injections. The applicant's attorney subsequently appealed. In a progress note dated December 16, 2013, the applicant was described as reporting persistent bilateral shoulder, knee, and elbow pain. The applicant was given diagnoses of knee chondromalacia, knee arthritis, and meniscal tears. Percocet was sought, along with Supartz or Synvisc injections. In a medical-legal evaluation dated November 6, 2013, the applicant was described as reporting persistent knee pain with associated effusions, clicking, and occasional crepitation. The applicant was given diagnoses of posttraumatic patellofemoral chondromalacia, medial meniscal tear, and ACL sprain. The applicant earlier underwent a shoulder arthroscopy on March 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE SUPARTZ INJECTION: Overturned

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 & Leg.

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

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, viscosupplementation injections are indicated in the treatment of moderate to severe knee arthritis. In this case, the applicant apparently has signs and symptoms of arthritis, including knee pain, crepitation, and a knee joint effusion, the applicant's treating providers and a medical legal evaluator have suggested. The applicant has apparently failed lower levels of care, including time, medications, and earlier knee corticosteroid injections, per the claims administrator. A trial of Supartz or viscosupplementation injection is therefore indicated. ACOEM further notes that viscosupplementation injections are most effective in applicants aged 60 to 75. In this case, the applicant is 61 years of age. Therefore, for all of the stated reasons, the request is medically necessary.