

Case Number:	CM14-0004776		
Date Assigned:	04/30/2014	Date of Injury:	07/23/2012
Decision Date:	12/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 52 year old male with a left knee injury of 7/23/2012. The subjective complaints included pain, popping, swelling, and catching in the knee. Notes indicate a prior arthroscopy.. When seen on September 6, 2013 he reported no response to a corticosteroid injection given 2 weeks prior. Arthroscopy was performed on 9/23/2013 and partial medial and lateral meniscectomies and chondroplasty of the medial compartment and patellofemoral joint performed with removal of loose body and synovectomy. He completed 12 sessions of post-operative physical therapy. The disputed issues pertain to a repeat corticosteroid injection, 5 injections of viscosupplementation, and 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy X12 to the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,10,11.

Decision rationale: The post-surgical treatment for meniscectomy and Chondromalacia is 12 visits over 12 weeks. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is 6 visits and with documentation of objective functional improvement

a subsequent course of therapy may be prescribed within the above parameters. The worker has completed the general course of therapy of 12 visits. This can be extended further only if it is determined that additional objective functional improvement can be accomplished. In the absence of such documentation the requested additional 12 visits exceed the guidelines and are not medically necessary.

Cortisone Injection: 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 And Leg Chapter, Cortisone Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Corticosteroid

Decision rationale: California MTUS does not address a failed prior corticosteroid injection. ODG guidelines indicate that if the first intra-articular corticosteroid injection is not effective a repeat injection is not indicated. The documentation suggests no response to the first corticosteroid injection given 2 weeks prior to September 6, 2013. Therefore the requested cortisone injection is not medically necessary.

Viscosupplementation Injection Supartz X5: 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 And Leg 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) Section: Knee, Topic: Hyaluronic acid injections, after meniscectomy, Criteria for hyaluronic acid injections

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate viscosupplementation has no benefit after a meniscectomy and is not indicated after failed previous knee surgery for arthritis such as arthroscopic debridement. The worker underwent extensive debridement and shaving of the patellofemoral joint and medial compartment. The injections are also ineffective in patellar chondromalacia and patellofemoral arthritis. Based upon these guidelines the request for 5 injections of Supartz as requested is not medically necessary.