

Case Number:	CM14-0004778		
Date Assigned:	01/24/2014	Date of Injury:	01/15/2011
Decision Date:	06/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Pain Management 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 male patient with a date of injury of January 15, 2011. A utilization review determination dated December 26, 2013 recommends noncertification of Supartz injections. Noncertification is recommended due to a lack of postoperative x-ray reports of the knees, limited physical examination, and no documented evidence that the patient has failed conservative treatment. A progress report dated December 4, 2013 identifies subjective complaints including "a lot worse, sharp pain, stabbing (illegible) sees, brace helps." Objective findings identify tenderness to palpation, 0-110, tenderness to palpation medial (illegible). Diagnoses include right medial meniscus tear. The treatment plan recommends right knee medial joint space injection. An orthopedic follow-up note dated December 4, 2013 indicates that the patient is having a hard time walking and he has noticed increased swelling in the right knee. Physical examination identifies tenderness to palpation over the medial joint space and restricted range of motion. Diagnostic testing includes a summary of an x-ray performed on December 4, 2013 identifying joint space loss and arthritis. Assessment states that the patient has sustained a meniscus tear and has developed posttraumatic degenerative joint disease in the medial joint space of the right knee. The patient was provided a steroid injection and a new sleeve for his right knee brace. The note states that cortisone will help him temporarily but Supartz injection is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTIONS, RIGHT KNEE QUANTITY 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment: Integrated Treatment/Disability Duration Guidelines: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Supartz times 5 right, Knee Complaints ACOEM Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, the requesting physician has now documented that x-ray has identified osteoarthritis in the right knee. However, there is no documentation that the patient has failed conservative treatment including steroid injection as recommended by guidelines. Additionally, it is unclear how the patient has responded to physical therapy and bracing. As such, the currently requested Supartz times 5 right knee is not medically necessary.