

Case Number:	CM14-0009592		
Date Assigned:	04/09/2014	Date of Injury:	06/19/2013
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 patient is a 41-year-old female who was injured on 6/19/13. The injury occurred at work. She fell at work and landed on both knees. Prior treatment history has included physical therapy and injection. Diagnostic studies reviewed include R knee MRI and XR. PR2 dated 11/27/2013 indicates the patient complains of slight catching in the knee which is now improved with physical therapy however she continues to have lateral pain and is about 20 percent better overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION RIGHT 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), Knee and Leg, 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), Knee and Leg, Hyaluronic Acid Injections.

Decision rationale: This is a request for Supartz injection of the right knee for a 41-year-old female patient who injured her knees on 6/19/13 from a fall. There is a prior history of lateral

meniscectomy. Physical therapy appears to have helped. NSAIDs have not been tried. The patient does not meet guideline criteria for Supartz injection nor does she have documented severe symptomatic knee osteoarthritis. While there is mention of mild lateral R knee joint space narrowing on XR of 11/27/13, MRI of 10/7/13 notes "articular cartilage is relatively preserved in signal and thickness." There is no mention of significant chondromalacia. Medical necessity is not established.