

Case Number:	CM14-0105216		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2010
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old female was reportedly injured on November 15, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 17, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated the presence of an antalgic gait. Examination of the left knee noted an effusion and range of motion from 0 to 110 with crepitus. Strength was 4/5 and extension. There was left knee tenderness over the medial and lateral joint lines. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left and right knee meniscectomy and a Supartz injection for the right knee. A request had been made for a Supartz injection x 5 for the left knee under ultrasound guidance and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections x 5 to the left knee under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, 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, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines hyaluronic acid injections are recommended for individuals with documentation of severe osteoarthritis of the knee. Additionally these injections are generally performed without fluoroscopic or ultrasound guidance. During the previous left knee meniscectomy performed in January 2014, grade 3 chondromalacia was noted laterally and grade 2 chondromalacia was noted at the medial and patellofemoral compartments. This does not indicate severe osteoarthritis. Additionally, this request is for injections under ultrasound guidance. For these reasons, this request for Supartz injections x 5 under ultrasound guidance for the left knee is not medically necessary.