

Case Number:	CM14-0017578		
Date Assigned:	04/16/2014	Date of Injury:	04/03/2007
Decision Date:	06/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 04/03/2007 due to a fall. On clinical note dated 11/18/2013, he is reporting a persistent left knee pain. In the physical exam, the injured worker is presenting with tenderness to palpation, with the medial joint line being more tender than the lateral and painful range of motion with no significant contractures. The range of motion documents 0-130 degrees. He had a left knee arthroscopy done on July 2007. His treatment included Vicodin for pain control and is recommended for left knee Supartz injections. The request for authorization form was dated 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE SUPARTZ INJECTIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE CHAPTER, HYALURONIC ACID INJECTIONS.

Decision rationale: The Official Disability Guidelines (ODG) recommends Supartz injections for patients who experience significantly symptomatic osteoarthritis but have not responded

adequately to recommended conservative non pharmacologic and pharmacologic treatments or are intolerant of these therapies, such as gastrointestinal problems related to anti-inflammatory medications, after at least 3 months. The injured worker has been treated with conservative care and has x-ray evidence of arthritis in the left knee. However, there is no frequency or quantity given for the requested injections. Therefore, the request is non-certified.