MAXIMUS Federal Services

Case Number:	CM14-0134164		
Date Assigned:	08/25/2014	Date of Injury:	11/25/2010
Decision Date:	10/27/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 33-year-old man who sustained a work-related injury on November 25, 2010. The subsequently, he developed chronic bilateral knees and back pain. MRI of the left knee dated February 25, 2011 showed horizontal oblique tear through the posterior horn of the medial meniscus; complex, presumably, cystic structure extending inferior from the knee joint anterior to the lateral head of the gastrocnemius muscle. On April 11, 2011, the patient underwent arthroscopic partial meniscectomy, medial posterior horn, in the left knee. According to a progress report dated July 24, 2014, the patient complained of bilateral knee pain and low back pain for at least 2 years. Physical examination demonstrated reduced range of motion of the lumbar spine. The patient was able to demonstrate heel and toe walking on command. No evidence of scoliosis was seen on forward bend. Supine examination did not yield any positive signs with straight leg raise exams of both lower extremities. Examination of both knees revealed: no concerning effusion are noted about either knees. Tenderness to palpation is noted along the medial and lateral patellar facets, greater on the left knee than the right. Multiple x-ray views of both knees are brought in for review by the patient. The patient was diagnosed with suspect patellar chondromalacia and low back pain.. The provider requested authorization for Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz 10mg (series of three injections) for the left 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; Knee Chapter: Hyaluronic acid injdections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Hyaluronic acid injections, http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is <Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best>. There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. Therefore the prescription of Supartz Injections LT Knee is not medically necessary