

Case Number:	CM14-0153590		
Date Assigned:	09/23/2014	Date of Injury:	12/29/2011
Decision Date:	11/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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 man who presents for reevaluation of his right knee. He continues to have pain on and off with swelling. The date of injury was March 20, 2012. The patient is in no acute distress. Patient walks without difficulties. The neurologic examination, and vascular examination were unremarkable. Examination of the right knee showed no evidence of suprapatellar effusion. There was no atrophy. There was medial joint line tenderness. There was no evidence of tenderness to the patella tendon. Patellar tracking is within normal limits. There was no evidence of ligamentous laxity. Examination of the left ankle/foot shows tenderness over the plantar region and undersurface of the heel. Range of motion of the heel was normal. There was no evidence of severe osteoarthritis of the tibiofemoral joint. Examination of the right knee showed range of motion from 0 to 135. The orthopedic diagnoses were patella chondromalacia, status post medial meniscal tear and patella chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

drain/inject joint/bursa: 3 Supartz Injections 1 times a week x3 weeks to the right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); 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); 2014, 12th Edition, Knee Chapter Hyaluronic acid in injections

Decision rationale: The California MTUS guidelines do not apply. The Official Disability Guidelines (ODG) state that the criteria for these injections are severe osteoarthritis of the knee, over the age of 50; pain interferes with functional activities such as ambulation and prolonged standing. Additionally, Hyaluronic acid injections are not recommended for other indications such as chondromalacia patellae. The patient does not have advanced osteoarthritis. He ambulates without difficulty. This patient also has a diagnosis of chondromalacia patellae. Consequently, the requested Supartz injections cannot be recommended because the findings enumerated above do not fit within the clinical criteria set out in the ODG. The Supartz injections are not medically necessary.