

Case Number:	CM14-0179874		
Date Assigned:	11/04/2014	Date of Injury:	05/22/2013
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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:

Patient is a 51 year-old male with date of injury 05/22/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/17/2014, lists subjective complaints as pain in the left and right knees. Objective findings include only that there was decreased range of motion of the right knee. No other physical examination findings were documented. There was no examination of the left knee recorded. Diagnosis: 1. Derangement knee 2. Tear of medial cartilage or meniscus knee. The patient has been provided with one visco supraz injection of the right knee thus far. There was no report of the efficacy of the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee visco supartz injection, Qty: 3: 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 and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines contain numerous criteria which are used to evaluate the appropriateness of hyaluronic acid injections to the knee. The medical record does not contain the necessary documentation to recommend hyaluronic acid injections. Specifically, significant improvement in symptoms for 6 months or more, and if symptoms recur, additional injections may be appropriate. In addition, The American College of Rheumatology, lists knee pain and at least 5 of 9 criteria. There is little documentation in the medical record which would allow the authorization of the injections using the ACR criteria either. Left knee Visco Supartz injection, Qty: 3, is not medically necessary.