

Case Number:	CM14-0020631		
Date Assigned:	04/30/2014	Date of Injury:	01/01/2012
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a 53-year-old male with a 1/1/2012 date of injury, due to a fall. ON 1/22/14, left knee tenderness to palpation with patellofemoral grind was revealed. There was medial joint line tenderness as well as tenderness along the femoral condyle. Supartz injections were recommended for the left knee. A 11/13/13 AME evaluation indicated that x-rays taken of the left knee failed to reveal any evidence of joint space narrowing, effusions, hypertrophic spur formation, and unusual calcification, fractures, dislocations, or bone tumors. It was also noted that the patient underwent a left knee arthroscopic surgery on 3/5/12. The future medical care for the knee stated that given a recent MRI scan showing articular surface cartilage damage measuring 5mm involving the medial femoral condyle, the patient might benefit from a series of Synvisc injections into the left knee, as well as a possible and OATS osteochondral grafting. There was also indication that the patient has undergone physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTIONS, LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments; are not candidates for total knee replacement; or younger patients wanting to delay total knee replacement. Despite AME evaluation indicating that the patient might benefit from viscosupplementation injections, there were no imaging studies identifying osteoarthritis. There was a reported MRI showing an osteochondral defect; however, this study was not available for review, and it was not clear if this was an isolated defect, or if arthritic changes were found within the knee joint. There was insufficient documentation to support this request. The request is not medically necessary.