

Case Number:	CM14-0020648		
Date Assigned:	06/11/2014	Date of Injury:	06/21/2010
Decision Date:	07/25/2014	UR Denial Date:	02/12/2014
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 Orthopedic Surgery, 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 injured worker is a 52-year-old male who reported an injury on 06/21/2010. On 01/03/2014, the injured worker presented with right knee swelling with weakness. Upon examination of the right knee there was tenderness and edema. The diagnoses were pain in the left knee, strain of the right knee, status post left meniscectomy, and torn meniscus of the right knee. Prior therapy included injections, surgery, and medications. The provider recommended 1 series of 5 Supartz injections to the right knee to buy some time for the right knee. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SERIES OF FIVE (5) SUPARTZ INJECTIONS TO THE RIGHT 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 (ODG) Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines state hyaluronic acid injections, or Supartz injections, are recommended as possible options for severe osteoarthritis for injured

workers who have not responded adequately to recommended conservative treatments and to potentially delay total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia of the patella, osteochondritis dissecans, or patellofemoral syndrome. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. The injured worker does not have symptoms or diagnoses that would be congruent with the guideline recommendations of hyaluronic acid injections. As such, the request is not medically necessary.