

Case Number:	CM14-0038590		
Date Assigned:	06/27/2014	Date of Injury:	06/17/2013
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 claimant is a 52-year-old gentleman who sustained a left knee injury on June 17, 2013. The records provided for review document that the claimant, following a course of conservative care, underwent a left knee arthroscopy with partial medial meniscectomy on August 1, 2013. Due to postoperative pain complaints, a follow up MRI report on February 18, 2014 identified degenerative tearing of the medial meniscus with prior meniscectomy changes, and moderate chondral change to the medial compartment and patellofemoral compartments. The follow up orthopedic evaluation on March 14, 2014 noted some improvement of the left knee with physical therapy, but continued discomfort. Examination showed 4/5 quadriceps strength, minimal knee joint effusion, peripatellar tenderness and medial joint line tenderness. The recommendation was made for a series of viscosupplementation injections for the knee. The medical records do not document that the claimant has had a corticosteroid injection since time of his August surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections, series of 3, left knee, per 3/12/14 form, QTY: 3.00: 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) treatment, integrated treatment/disability duration guidelines: knee and leg (acute and chronic), criteria for 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) Knee Procedure, Hyaluronic Acid Injections.

Decision rationale: The California MTUS and ACOEM Guidelines do not address viscosupplementation. Based on the Official Disability Guidelines, viscosupplementation injections for the knee would not be indicated. The medical records document that the claimant has chondral change both medially and to the patellofemoral joint, there is no documentation of recent corticosteroid injections that have been utilized. ODG Guidelines would not support the role of viscosupplementation without documentation of prior installation of corticosteroid. The request in this case would not be supported.