

Case Number:	CM14-0050931		
Date Assigned:	07/07/2014	Date of Injury:	03/16/2013
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 49-year-old who sustained an injury to her left knee on March 10, 2013 after a fall at work. She rated her pain 8-1/10 VAS in the left knee and low back. The injured worker was out of work due to her knee. Physical examination noted cranial nerves 2-12 intact; reduction of pin prick in entire left leg; absent reflexes at the ankles; heel knee shin was normal; walking was normal including arm swing and tandem gait. Operative report dated November 12, 2013 reported the injured worker underwent debridement of anterior cruciate ligament; partial medial meniscectomy, partial lateral meniscectomy and debridement, chondroplasty of the patella, chondroplasty of the medial femoral condyle and injection. The patient had regiment of post-operative physical therapy and was recommended for left knee Supartz injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five left knee supartz injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide Knee and Leg (updated 03/31/14) Hyaluronic acid injections, 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 and leg chapter, Hyaluronic acid injections.

Decision rationale: Previous request was denied on the basis that there was no evidence of severe symptomatic osteoarthritis or a failed prior steroid injection. The Official Disability Guidelines state that treatment with hyaluronic acid injections is recommended as possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment (exercises, NSAIDs [non-steroidal anti-inflammatory drugs], or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis desiccans, or patellofemoral syndrome (patella knee pain). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the patient's response to any previous conservative treatment. Given this, the request for left knee supartz injections is not indicated as medically necessary or appropriate.