

Case Number:	CM14-0052497		
Date Assigned:	07/11/2014	Date of Injury:	12/18/2012
Decision Date:	08/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 complainant is a 55-year-old female who has a date of injury on December 18, 2012 when she attempted to maneuver a puddle. She was diagnosed with left knee osteoarthritis and an acute meniscal tear and is now post partial medial and lateral Meniscectomy and compartment chondroplasty (8/21/2013). She had postoperative physical therapy and gets relief from her anti-inflammatories. She has concerns that her symptoms wax and wane. Sometimes she has good endurance while at other times there is pain, clicking, and a "getting stuck" sensation. An MRI dated January 24, 2013 showed marked tricompartmental degenerative arthrosis with ossific loose bodies. [REDACTED] physician noted the knee to have an effusion, but there was good range of motion. Because she has not adequately responded to a modification of activity, physical therapy and steroid injection, he has suggested a trial of viscosupplementation with Supartz into the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SERIES OF SUPARTZ INJECTION FOR THE LEFT 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, 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) Integrated Treatment/DisabilityDuration Guidelines, Knee, Hyaluronic Acid Injections.

Decision rationale: The ODG has listed an extensive list of Criteria for Hyaluronic Acid (HA) Injections which includes patients should not have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Additionally, when discussing meniscectomies, this randomized controlled trial (RCT) found there was no benefit of hyaluronic acid injections after knee arthroscopic meniscectomy in the first 6 weeks after surgery and concluded that routine use of HA after knee arthroscopy cannot be recommended. (Baker, 2012) This patient has had surgery which did include medial and lateral meniscectomies and chondroplasty and thus does not meet the criteria for undergoing viscosupplementation with Supartz into the Left Knee. Therefore, the request is not medically necessary.