

Case Number:	CM14-0068086		
Date Assigned:	07/14/2014	Date of Injury:	03/27/2008
Decision Date:	08/13/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 patient is a 62-year-old male with 3/27/2008 date of injury. His primary diagnosis is unspecified derangement of medial meniscus. His treatment history includes right knee arthroscopy with partial medial and lateral meniscectomy. According to the handwritten and somewhat illegible 4/7/2014 PTP PR-2, the patient is beginning to have pain in the right knee and would like to know if he can obtain Supartz. Objective findings appear to indicate trace effusion, diffuse tenderness and 0-125 range of motion. Diagnoses are right knee medial and lateral meniscus tears, right knee CM degenerative changes, and Status/Post right knee arthroscopy with partial medial and lateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections Rt knee x 5 under US guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg; Hyaluronic acid injections; Ultrasound guidance for knee joint 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, Hyaluronic acid injections.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. According to the Official Disability Guidelines, hyaluronic acid injections, may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), 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 patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain), and so is not recommended for any of these conditions. This patient is diagnosed with right knee medial and lateral meniscus tears, right knee CM degenerative changes, and Status/Post right knee arthroscopy with partial medial and lateral. The medical records do not reveal he has OA (osteoarthritis) of the knee. In addition, the medical records do not establish the patient has failed standard non-invasive and less invasive interventions, including Physical therapy/exercise, NSAID medications, and activity modification, bracing, and cortisone injection. The medical records do not establish this patient meets the guidelines' criteria for hyaluronic acid injections. Consequently, Supartz injections Right knee x 5 under US guidance is not medically necessary.