MAXIMUS Federal Services

Case Number:	CM14-0085014		
Date Assigned:	07/14/2014	Date of Injury:	03/27/2008
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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:

This is a 62-year-old gentleman who injured his right knee on 03/27/08. Records provided for review include the 04/07/14 follow up report, documenting the diagnosis of right knee medial and lateral meniscal tearing with degenerative arthritis and that the patient is status post prior knee arthroscopy. The report states continued complaints of pain. Objectively, there is tenderness to palpation with restricted motion at endpoints from 0 to 125 degrees. Recommendations at that time were for a series of viscosupplementation injections to be performed under ultrasound guidance. The medical records do not contain any documentation of imaging studies or prior conservative care including previous corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections, Right knee x 5 under ultrasound 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure Hyaluronic Acid Injections.

Decision rationale: Based on the Official Disability Guidelines, the request for viscosupplementation injections would not be indicated. The Official Disability Guidelines recommend the use of viscosupplementation injections for treatment of severe osteoarthritis of the knee. The medical records do not contain any imaging reports to confirm an underlying degenerative process. Without documentation of osteoarthritis, the acute need of viscosupplementation injections would not be indicated. It should also be noted that this individual is with no documentation of prior corticosteroid injections which should be utilized prior to proceeding with any form of viscosupplementation procedures. Lastly, the current clinical literature does not support the need for ultrasound guidance in regards to intra-articular injections to the knee. Therefore, the requests for 5 Supartz injections for the right knee under ultrasound guidance are not medically necessary.