

Case Number:	CM14-0098794		
Date Assigned:	09/23/2014	Date of Injury:	01/30/2013
Decision Date:	11/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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:

This is a 58 years old female with a 1/30/13 injury date. She sustained a left knee injury after slipping and falling on the floor. In a 5/21/14 follow-up, subjective complaints included left knee pain, loss of sleep, and 4/10 pain. Objective findings included decreased left knee range of motion, joint line tenderness, and painful patellar tracking. There were no imaging studies submitted for review. Diagnostic impression: left knee meniscus tear. Treatment to date: medications, physical therapy, left knee arthroscopy (10/31/13). A UR decision on 6/5/14 denied the request for left knee Supartz injection under fluoroscopy with arthrogram and IV sedation, on the basis that there was no documentation of arthritic pain, crepitation, or prior cortisone injections. Treatment to date: medications, physical therapy, left knee arthroscopy (10/31/13). A UR decision on 6/5/14 denied the request for left knee Supartz injection under fluoroscopy with arthrogram and IV sedation, on the basis that there was no documentation of arthritic pain, crepitation, or prior cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Supartz Injection Under Fluoroscopy and IV Sedation with Arthrogram:
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 & Leg (Acute & Chronic) Hyaluronic acid injections ODG: Knee- MR arthrography

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: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, in this case there is not enough evidence in the documentation that the patient suffers from osteoarthritis of the knee. There are no imaging studies available that would confirm a diagnosis of osteoarthritis. There is no crepitus or deformity noted on exam. In addition, it does not appear that a corticosteroid injection has been tried in the past. Therefore, the request for Left Knee Supartz Injection under Fluoroscopy and IV Sedation with Arthrogram are not medically necessary.