

Case Number:	CM14-0190591		
Date Assigned:	12/24/2014	Date of Injury:	12/13/2010
Decision Date:	02/11/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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:

Claimant with reported industrial injury of 12/13/10. Exam note 11/7/11 demonstrates complaints of significant pain in the left knee. Radiographs of the left knee demonstrate minor medial compartment narrowing. Examination demonstrates the claimant has a limp. No effusion is noted and the range of motion is 0-112 degrees. 1+ patellofemoral crepitus is noted. Moderate to marked medial joint line tenderness is noted. Claimant indicates activities such as bending, climbing up and down stairs or hills will worsen condition. Exam note 8/19/14 demonstrates claimant is status post third Supartz injection with 40 mg of Depo-Medrol. Exam note from 9/9/14 demonstrates claimant has chronic left knee pain and is experiencing soreness, stiffness, tenderness and throbbing. Request is made for Hyalgan/Supartz injection to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan/Supartz, injection times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Knee and Leg Procedure Summary, 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.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 9/9/14 or functional improvement, the determination is for non-certification.

Methylprednisolone 40 mg times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 9/9/14 do not demonstrate functional improvement of prior injections to support the necessity of further cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant Methylprednisolone injection. The request therefore is not medically necessary and appropriate.