

Case Number:	CM14-0193375		
Date Assigned:	12/01/2014	Date of Injury:	12/04/2013
Decision Date:	02/25/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52 year old female claimant with an industrial injury dated 12/04/13. Exam note 12/16/14 states the patient returns with left knee pain. The patient reveals chondral damage in the medial compartment of the left knee primarily in the medial femoral condyle. It is noted that the patient has evidence of tendonitis, bursitis as well. Upon physical exam the patient explains that physical therapy has helped in her recovery. The patient explains that she has some pain in the medial area of the left knee and upper left leg. There was evidence of tenderness pes anserinum present. It is noted that the patient has an increase noticeable in quad power and bulk with residual atrophy of the left quad compared to the right. Range of motion is noted as 0'-120'-125'. Diagnosis is noted as tear of the medial meniscus and cervicalgia. Treatment includes additional physical therapy sessions and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Supartz Injections for The 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 (ODG), 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, Hyaluronic acid injection.

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 12/16/14, the request is not medically necessary.