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| Case Number: | CM15-0009755 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 01/30/2013 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Physical Medicine & Rehabilitation

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 injured worker is a 47 year old male, who sustained an industrial injury on January 30, 2013. The diagnoses have included tear of medial meniscus right knee, tri-compartmental synovitis right knee, and chondromalacia of the medial femoral condyle and patella right knee, osteoarthritis of the right knee and trochanteric bursitis of both hips. Treatment to date has included cortisone injection was helpful, date not given, laboratory studies, right knee arthroscopy. Currently, the injured worker complains of right knee pain. In a progress note dated December 22, 2014, the treating provider reports right knee examination reveals soft tissue swelling around the knee and slight increased warmth, peripatellar, medial and lateral joint tenderness, two plus crepitus in the patellofemoral joint. On December 31, 2014 Utilization Review non-certified a ultrasound guided Supartz injections time five for they right knee, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Supartz Injection times 5 for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 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, Knee & Leg Chapter states: Hyaluronic acid injections.

Decision rationale: The patient presents with unrated right knee pain. The patient's date of injury is 01/30/13. Patient is status post right knee arthroscopy with resection of the torn portion of the medial meniscus, tricompartmental synovectomy, and chondroplasty of the medial femoral condyle and patella on 05/01/13. Patient has also had at least 1 cortisone injection to the right knee on 11/03/14 with some improvement in symptoms. The request is for ULTRASOUND GUIDED SUPARTZ INJECTION TIMES 5 FOR RIGHT KNEE. The RFA is dated 12/22/14. Physical examination of the right knee dated 12/22/14 reveals tenderness to palpation of the peripatellar, medial, and lateral joint surfaces, soft tissue swelling around the knee, increased warmth, and crepitus. Knee range of motion is reduced, especially on flexion. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the right knee dated 03/12/13, significant findings include: "Oblique tear through the body of the medial meniscus with slight extrusion of the body of the meniscus... Grade IV chondromalacia of the medial femoral condyle throughout its weight bearing surfaces... Grade II chondromalacia of the patellofemoral compartment." Patient's current work status is not provided. ODG Guidelines, Knee & Leg Chapter states: "Hyaluronic acid injections - 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, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for use in joints other than the knee." In regards to the request for a Supartz injection to the patient's right knee, the request for ultrasound guidance exceeds guideline recommendations. Progress notes provided do not indicate that this patient has had any Hyaluronic acid injections to date, MRI findings include severe degenerative osteoarthritis of the right knee compartment for which 3 to 5 injections are supported. However, it is unclear why the treater is requesting ultrasound guidance, as it is generally not recommended for this procedure. Were this procedure to be performed without ultrasound the recommendation would be for approval, however the requested ultrasound guidance is excessive and not medically substantiated. Therefore, the request IS NOT medically necessary.