

Case Number:	CM15-0104994		
Date Assigned:	06/09/2015	Date of Injury:	12/08/2014
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female sustained an industrial injury to the right knee on 12/8/14. Magnetic resonance imaging right knee (1/7/15) showed a complex tear involving the posterior horn of the medial meniscus and a radial tear involving the body of the lateral meniscus. Treatment included ice and medications. In the most recent documentation submitted for review, a progress note dated 3/31/15, the injured worker presented with persistent right knee pain at night Physical exam was remarkable for right knee with tenderness to palpation medially. Current diagnoses included right knee degenerative joint disease with acute exacerbation from work injury. The treatment plan included a prescription for Euflexxa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection x 3 Right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for right knee pain. When seen, there had been benefit after a corticosteroid injection. There was medial joint line tenderness. An MRI of the knee in January 2015 had shown findings of a meniscal tear and mild to moderate degenerative joint disease. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant has moderate osteoarthritis and arthroplasty is not being considered. Standard conservative treatments such as oral medication and physical therapy / a home exercise program are not documented. The request is not medically necessary or appropriate.