

Case Number:	CM15-0132924		
Date Assigned:	07/21/2015	Date of Injury:	06/13/2014
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 37-year-old male, who sustained an industrial injury on 6/13/2014, resulting from a fall. The injured worker was diagnosed as having grade 3 chondromalacia of the right knee. Treatment to date has included diagnostics, right medial meniscal repair and lateral meniscectomy on 12/18/2014, physical therapy, and medications. Currently, the injured worker complains of moderate right anterior knee pain. Associated symptoms included locking, catching, grinding, clicking, and weakness. It was documented that work status was permanent and stationary and he was working modified duty. Exam of the right knee noted positive retropatellar grating inhibition test. The treatment plan included Supartz injection to the right knee x5. Magnetic resonance imaging arthrogram of the right knee (5/29/2015) noted no evidence of meniscal tear and intact articular cartilage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Supartz injection, 5 injections to the right 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, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): viscosupplementation section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, hyaluronic acid injections (2015).

Decision rationale: ACOEM Guidelines acknowledge intra-articular injections of hyaluronic acid as recommended in the treatment of moderate to severe osteoarthritis. The ODG states that these injections are a possible option in severe osteoarthritis cases, which have not responded to conservative treatment (exercise, NSAIDs, Acetaminophen) after at least 3 months. Imaging studies on this patient's knee do not reveal signs of severe osteoarthritis. There is also a lack of documentation concerning response to conservative therapies. Therefore, this request is deemed not medically necessary.