

Case Number:	CM15-0139399		
Date Assigned:	07/29/2015	Date of Injury:	02/25/2012
Decision Date:	08/26/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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:

The injured worker is a 33 year old male, who sustained an industrial injury on 2/25/2012. The injured worker was diagnosed as having left knee arthritis and status post left knee arthroscopy and partial meniscectomy. Treatment to date has included diagnostics, left knee surgery, physical therapy (at least 6 sessions from January 2015 to February 2015, for total authorization of 15 visits), and medications. Currently, the injured worker complains of left knee pain, associated with prolonged standing and walking, and rated 8 out of 10. Exam noted range of motion 0-120 degrees and medial and lateral joint line tenderness to palpation. His height was 5'5" and his weight was 459 pounds. His work status was modified. His medications included Tramadol. X-rays were documented as showing moderate to severe arthritic changes. The plan included Supartz injection to the left knee, x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Supartz injections for the left 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), Knee Chapter, 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work-related injury in February 2012 and continues to be treated for left knee pain after an arthroscopic partial meniscectomy. When seen, he was having pain with prolonged standing and walking. There was left knee joint line tenderness. The claimant's BMI is over 76. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, the claimant is morbidly obese and would not be a candidate for a total knee replacement. However there is no evidence that he has failed treatment with a corticosteroid injection. Additionally moderate to severe arthritis is referenced, no supporting imaging findings of the left knee were presented. The requested series of injections was not medically necessary.