MAXIMUS Federal Services

Case Number:	CM15-0145108		
Date Assigned:	08/06/2015	Date of Injury:	08/20/1998
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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(n) 43 year old female, who sustained an industrial injury on 8-20-98. She reported pain in her left knee. The injured worker was diagnosed as having lateral meniscus tear and knee osteoarthritis. Treatment to date has included physical therapy, a left knee MRI on 6-11-15 and NSAIDs. As of the PR2 dated 6-17-15, the injured worker reports severe left knee pain. Objective findings include patellar grind, lateral joint line tenderness and a positive McMurray's. The treating physician requested a Supartz-viscosupplementation for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz/viscosupplementation for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 section, Hyaluronic acid.

Decision rationale: Pursuant to the Official Disability Guidelines, Supartz / Viscosupplementation to the left knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and non-pharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections. If documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are lateral meniscus tear; and knee osteoarthritis. The date of injury is August 20, 1998. The request for authorization is June 19, 2015. According to a June 17, 2015 progress note, the injured worker subjectively complains of left knee pain that has been progressive. The injured worker takes ibuprofen. There is no formal treatment in place at the present time, but the injured worker is engaged in a home exercise program. Objectively, there is patella grind with lateral joint line tenderness and a positive McMurray's. In October 1998, the injured worker had a left ACL construction. In 1999 and 2000, injured worker had left knee arthroscopies. The treating provider requested corticosteroid injections and discuss supplementation. The guidelines recommend visco- supplementation when there is a failure to adequately respond to aspiration and injection of intra- articular steroids. The treating provider requested an injection of corticosteroids. As a result, fiscal supplementation is not recommended at this time pending the outcome of the corticosteroids. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines and authorized injection of corticosteroids to the affected knee, Supartz / Viscosupplementation to the left knee is not medically necessary.