MAXIMUS Federal Services

Case Number:	CM15-0164132		
Date Assigned:	09/01/2015	Date of Injury:	02/25/2014
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female, who sustained an industrial injury on 2-25-14. She has reported initial complaints of immediate left knee pain after kneeling down to lift a 25-pound panel. The diagnoses have included status post left knee arthroscopy 11-11-2014 and atrophy of the left lower extremity (LLE).Treatment to date has included non-steroidal anti-inflammatory, surgery, diagnostics, physical therapy, strengthening exercises, bracing and other modalities. Currently, as per the physician progress note dated 7-8-15, the injured worker complains of continuous ongoing left knee pain, swelling and grinding sensation. The objective findings-physical exam of the left knee reveals tenderness to palpation over the medial greater than lateral joint line. There is mild effusion. The left knee range of motion with flexion is decreased at 0-125 degrees. There is previous physical therapy sessions noted. The physician requested treatment included Supartz injections (total of three) 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 injections (total of three) 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-Treatment in Workers' Compensation, Knee and Leg Chapter.

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 chapter, Hyaluronic acid injections.

Decision rationale: Supartz injections (total of three) left knee is not medically necessary per the ODG guidelines. The MTUS does not specifically address Synvisc injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore the request for Synvisc injections of the left knee not medically necessary.