

Case Number:	CM15-0186440		
Date Assigned:	10/01/2015	Date of Injury:	11/03/2013
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 51 year old female who sustained an industrial injury on 11-3-13. The injured worker reported left knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for status post right knee scope with degenerative joint disease. Medical records dated 8-19-15 indicate the injured worker "feels the pain is improved and she is walking better". Provider documentation dated 8-19-15 noted the work status as temporary totally disabled. Treatment has included status post-right knee arthroscopic surgery (6-2-15), at least 12 sessions of physical therapy, crutches, radiographic studies, injection therapy and transcutaneous electrical nerve stimulation unit. Objective findings dated 8-19-15 were notable for well-healed surgical scar, mild effusion of the knee and medial compartment tenderness to the left knee. The original utilization review (9-15-15) denied a request for 3 Right Knee Supartz Injection x3 as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Right Knee Supartz Injection x3 as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 injury in November 2013 when, while working as a housekeeper, she slipped and twisted her back and struck her knee. She underwent right knee arthroscopic surgery for a meniscal tear on 06/02/15. She was seen for QME on 06/25/15. Recommendations included postoperative physical therapy with consideration of a corticosteroid injection or viscosupplementation injection series. When seen by the requesting provider on 08/19/15, she had completed 12 physical therapy treatments. She had improved pain and was walking better. Physical examination findings included a mild joint effusion and medial compartment tenderness. An x-ray of the knee showed 1 mm medial joint space. Authorization for a series of viscosupplementation injections was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months and a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, the claimant was less than three months status post surgery and had improved with physical therapy. Additionally, there is no evidence of failure of injection of intraarticular steroids. The requested series of viscosupplementation injections is not medically necessary.