MAXIMUS Federal Services

Case Number:	CM15-0199376		
Date Assigned:	10/14/2015	Date of Injury:	08/18/2008
Decision Date:	11/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male who sustained an industrial injury on 08/18/2008. Medical records indicated the worker was treated for left knee pain status post left knee arthroscopic surgery. He complains of right knee pain and has signs and symptoms of compensable degenerative joint disease, and lumbar spine signs and symptoms with a history of lumbar spine fusion. In the exam of 08-24-2015, the worker returned for re-evaluation of his left knee following his arthroscopic partial lateral meniscetomy, micro fracture, and arthroplasty of the lateral tibial plateau (06-02-2015). On exam, the worker has healed arthroscopic skin incisions. Range of motion in the left knee is 5 to 125 degrees. There is moderate quadriceps atrophy and weakness, no calf tenderness, negative Homan's sign, and residual tenderness about the medial and lateral patellar facet and medial joint line. He reports improvement in his pain but still notes residual loss of range of motion or weakness. The plan of care is to pursue supervised left knee physical therapy. Medications include naproxen, and omeprazole. A request for authorization was submitted for Supartz Injection x3 of the left knee. A utilization review decision 09/17/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz Injection x3 of 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 and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 8/24/15, the determination is for non-certification. The request is not medically necessary.