MAXIMUS Federal Services

Case Number:	CM15-0211852		
Date Assigned:	11/02/2015	Date of Injury:	03/21/2012
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 36 year old male injured worker suffered an industrial injury on 3-21-2012. On 10-1-2015 the provider reported left knee pain with tightness in the posterior knee. The pain was rated at the least at 2 out of 10 and at the worst 6 out of 10. The injured worker noted there was popping deep in the knee and gave out 2 to 3 times a day. Medications in use were Norco, Celebrex and Percocet. On exam the left knee had moderate effusion with popping on range of motion with tenderness. There was medical compartment laxity. The provider noted the goal was to reduce pain in the left knee to take pressure off the right knee. The provider noted the right knee required arthroscopic procedure and would require the DVT-PolarCare unit post-operatively. Prior treatment included left knee arthroscopy 8-9-2013 and 8-22-2014 with post-operative physical therapy. Utilization Review on 10-13-2015 determined non-certification for Series of three Supartz viscosupplementation for the left knee and modification for DVT/PolarCare unit for the right knee to 7 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three Supartz viscosupplementation 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 and Leg 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: Hyaluronic acid injections.

Decision rationale: Guidelines state that viscosupplementation injections are recommended in patients with symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery or failure of conservative treatment. In this case, the patient complained of persistent left knee pain despite previous arthroscopy and initial conservative measures. There was no imaging submitted for review to document osteoarthritis. The request for a series of three viscosupplementation for the left knee is not medically necessary and appropriate.

DVT/PolarCare unit: 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, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy.

Decision rationale: Guidelines state that continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. In this case, the patient is recommended to undergo right knee arthroscopy, however the present request failed to specify treatment duration. The request for DVT/PolarCare Unit is not medically appropriate and necessary.