

Case Number:	CM15-0043437		
Date Assigned:	03/13/2015	Date of Injury:	05/03/2013
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on May 3, 2013. The injured worker was diagnosed as having left knee medial and lateral meniscal tears with status post knee arthroscopy with moderate effusion. Treatment to date has included a MRI of the left knee, left knee arthroscopic surgery December 5, 2014, and work conditioning. Currently, the injured worker is status post a left knee arthroscopy surgery. The Treating Physician's report dated February 9, 2015, noted the injured worker status post left knee arthroscopy approximately two months previously, doing well with therapy. The left knee examination was noted to show moderate effusion, with pain on extremes of extension and flexion with range of motion (ROM). The Physician aspirated approximately 15cc of serous fluid from the injured worker's left knee. The Physician noted the injured worker status post knee arthroscopy with findings of osteoarthritis of the left knee, requesting a course of Viscosupplementation and physical therapy at two visits per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Supartz injections for the left knee, once a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The patient presents with LEFT knee pain. The request is for SERIES OF 3 SUPARTZ INJECTIONS FOR THE LEFT KNEE ONCE A WEEK FOR 3 WEEKS. The request for authorization is dated 02/20/15. The patient is status-post LEFT knee arthroscopic partial medial and lateral meniscectomies, 12/05/14. MRI of LEFT knee, 09/08/14, shows a small vertical tear posterior horn of the medial meniscus extending to its inferior surface, a small vertical tear at the junction of the posterior horn and body of the medial meniscus, and a small tear at the free margin of the posterior horns of the lateral meniscus. An examination of the LEFT knee demonstrates a moderate effusion. The LEFT knee is prepped with Betadine solution and the patient's knee is aspirated under sterile conditions, approximately 15cc of serous fluid is removed. Range of motion is 120 degrees with pain on extremes of extension and flexion. He has been doing well with therapy. The patient is temporarily totally disabled. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter states: "Hyaluronic acid injections - Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. After meniscectomy: This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. (Baker, 2012) Also, see Criteria below: Patients should not have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Per progress report dated, 02/09/15, treater's reason for the request is "This patient is status-post knee arthroscopy with findings of osteoarthritis in the [LEFT] knee. The patient is a driver and will need to return to his usual and customary duties and based on the long extensive nature of this patient's injury and his underlying articular cartilage damage found at the time of surgery; I am requesting a course of Viscosupplementation at this time." However, ODG does not recommend Hyaluronic acid injections post arthroscopic meniscectomy. While some arthritis is noted, ODG requires "severe" arthritis, and these injections are not supported for chondromalacia. Therefore, the request IS NOT medically necessary.