MAXIMUS Federal Services

Case Number:	CM15-0045536		
Date Assigned:	03/17/2015	Date of Injury:	06/28/2008
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania, Ohio, 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 53 year old female who sustained an industrial injury on 6/28/08. The injured worker reported symptoms in the neck, shoulders, back and left knee. The injured worker was diagnosed as having left knee meniscal tear, status post arthroscopy, and post-traumatic early osteoarthritis left knee, right shoulder rotator cuff syndrome and chronic lumbar strain. Treatments to date have included pain medications, physical therapy, activity modification, left knee injection, left knee brace, status post left knee surgery. Currently, the injured worker complains of pain in the neck, shoulders, back and left knee as well as abdominal discomfort. The plan of care was for right knee injections, physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP injections: 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.

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

Decision rationale: MTUS does not discuss this treatment. ODG states that this treatment is not recommended except in a research setting. The records do not provide an alternate rationale for this request. The request is not medically necessary.

Supartz injections x 5: 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.

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

Decision rationale: MTUS does not discuss this treatment. ODG recommends visco-supplementation such as Supartz knee injections only for advanced osteoarthritis refractory to all more conservative treatment. The available records are limited and do not clearly meet these diagnostic criteria for advanced osteoarthritis, nor do the records clarify in detail the patient's prior treatment. Overall, this request is not medically necessary.