

Case Number:	CM15-0048325		
Date Assigned:	03/20/2015	Date of Injury:	11/04/2012
Decision Date:	05/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/13/2015

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, Hawaii

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 59 year old male, who sustained an industrial injury on November 4, 2012. The injured worker was diagnosed as having recurrent medial meniscus tear and articular cartilage damage/osteoarthritis. Treatment and diagnostic studies to date have included arthroscopic knee surgery. A progress note dated January 21, 2015 the injured worker complains of left knee pain. Physical exam notes tenderness on palpation and positive McMurray's test. Magnetic resonance imaging (MRI) was reviewed. The plan includes injections in an attempt to not have to do further surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection; series of 3; 1 per week for 3 weeks to 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, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, Hyaluronic acid injections.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Supartz Injection; series of 3; 1 per week for 3 weeks to the left knee. The treating physician report dated 1/21/15 (39B) states, "To avoid another surgery, I am recommending at this time that the patient be authorized for Supartz injections which clearly are indicated based on the arthroscopy photos and the most recent MRI." MTUS is silent on Supartz injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, "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." The ODG guidelines go into further detail for the criteria of Hyaluronic acid injections and states, "Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." Medical reports provided, do not show evidence that the patient has received any previous Supartz injections. In this case, the treating physician has documented that the patient is 59 and has internal derangement with probable recurrent meniscal tear of the left knee versus underlying articular cartilage damage and has had 2 previous arthroscopic surgeries of the left knee (most recent was 2/26/14). The current request does not satisfy the ODG guidelines as the patient has received no functional benefit from 2 prior knee surgeries and there is no documentation provided that discusses if the patient is a candidate for total knee replacement. Furthermore, the medical reports provided do not discuss the severity of the patient's osteoarthritis. Recommendation is for denial. The request is not medically necessary.