

Case Number:	CM15-0084215		
Date Assigned:	05/06/2015	Date of Injury:	09/09/2014
Decision Date:	06/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on September 9, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a tear of lateral cartilage or meniscus of knee current, status post right knee arthroscopic lateral release meniscectomy and chondroplasty on January 6, 2015, and right knee osteoarthritis. Diagnostic studies to date have included MRI. Treatment to date has included work modifications, surgery, home exercise program, crutches, postoperative aspiration of the right knee, and pain medication. In addition, the medical records show the injured worker underwent postoperative physical therapy with therapeutic exercise, manual therapy, gait training, and home exercise program education from January 26, 2015 to March 21, 2015. On April 1, 2015, the injured worker complains of bilateral knee pain and swelling with episodes of giving way. The physical exam of the right knee revealed moderate atrophy of the quadriceps and effusion, 0-12- degrees of range of motion, pain with extremes of flexion. The patellar tilt was approximately 30 degrees from the horizontal plane with crepitus on flexion and extension of the knee. There was no varus-valgus instability and the anterior-posterior drawer test was negative. The treatment plan includes an additional 8 visits of physical therapy and 3 Supartz injections for the right knee. The injured worker's work status was temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 3 Supartz injections (1 series) to the right knee, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation hyaluronic acid, ODG.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injections are indicated in the treatment of moderate to severe osteoarthritis of the knee. The patient does not have radiographic evidence of moderate to severe osteoarthritis and therefore the request is not medically necessary.