

Case Number:	CM15-0237204		
Date Assigned:	12/14/2015	Date of Injury:	07/16/2013
Decision Date:	01/29/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/04/2015

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:

This 66 year old male sustained an industrial injury on 7-16-13. Documentation indicated that the injured worker was receiving treatment for right knee pain. The injured worker underwent right knee arthroscopy, meniscectomy and chondroplasty on 8-16-15. The injured worker received postoperative aqua therapy and medications. In a PR-2 dated 9-16-15, the injured worker complained of ongoing knee grinding pain and swelling that was improved since before surgery. Physical exam was remarkable for right knee with mild effusion, tenderness to palpation over the medial joint line, crepitus with range of motion of the knee, flexion 125 degrees and extension 2 degrees. The physician recommended a course of Supartz injections for the right knee. In a PR-2 dated 11-11-15, the injured worker complained of ongoing right knee pain and swelling. The injured worker reported having episodes of buckling, one in which her fell and broke some furniture at a friend's house. Physical exam was unchanged. The injured worker was still pending authorization for Supartz viscosupplementation injections. The physician stated that the injured worker would likely require right total knee arthroplasty in the future but wanted to continue with conservative treatment for now with Supartz injections. On 11-12-15, Utilization Review noncertified a request for right knee series of 4 Supartz viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Series of 4 Supartz Viscosupplementation 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 & Leg (acute & chronic) (updated 7/10/15), 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) Hyaluronic acid.

Decision rationale: Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded to conservative treatments to potentially delay total knee replacement. In this case, severe osteoarthritis of the knee was not documented, nor was radiographic evidence of osteoarthritis noted. The request for 4 Supartz Viscosupplementation injections for the right knee is not medically appropriate and necessary.