

Case Number:	CM13-0036747		
Date Assigned:	12/13/2013	Date of Injury:	03/08/2012
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Reconstructive Surgery and is licensed to practice in Texas and West Virginia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who reported an injury on 03/08/2012. The patient is currently diagnosed as status post left knee arthroscopy with partial meniscectomy on 02/04/2013 and left knee mild osteoarthritis. The patient was seen by [REDACTED] on 10/03/2013. The patient reported persistent pain, weakness, stiffness, and swelling in the left knee. The patient has been previously treated with postoperative elevation, physical therapy, and a home exercise program. The patient is weight-bearing as tolerated. Physical examination revealed positive swelling, normal tone and symmetry, 1+ effusion, tenderness over the medial joint line, 130 degree flexion, negative crepitus, and negative McMurray's testing. Treatment recommendations included authorization for 5 ultrasound-guided intra-articular Supartz injections for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections 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 (ODG), Knee Chapter, and Hyaluronic section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration of effusions or cortisone injections are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatment. As per the clinical documentation submitted, the patient's physical examination on the requesting date of 10/03/2013 does not reveal bony enlargement, bony tenderness, crepitus, or palpable warmth of synovium. There is also no indication of pain that has interfered with functional activities that is not attributed to any other form of joint disease. There is no evidence of a recent failure to respond to non-pharmacologic and pharmacologic treatments such as anti-inflammatory medication and intra-articular steroids and aspiration. Based on the clinical information received, the patient does not currently meet criteria for hyaluronic acid injections. As such, the request is non-certified.