MAXIMUS Federal Services

Case Number:	CM14-0135315		
Date Assigned:	08/29/2014	Date of Injury:	02/23/2008
Decision Date:	09/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/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 injured worker is a 69 year old male who reported an injury on 02/23/2008 due to a slip and fall. The diagnoses included sprain of cruciate and lateral collateral ligament of the knee and osteoarthritis involving the lower leg. Past treatment included physical therapy, hot/cold therapy, electrical stimulation, a home exercise program, and medication. Past diagnostics included an unofficial left knee x-ray on 02/24/2008 which indicated knee effusion and loose body, and an unofficial MRI of the left knee on 03/06/2008, which indicated post cruciate ligament tear, first collateral ligament tear, and tear of lateral meniscus with some degenerative joint disease. Surgical history included left knee arthroscopic meniscectomy and chondroplasty on 03/04/2009. The clinical note dated 06/09/2014 indicated the injured worker complained of moderate to severe pain about the left knee. Physical examination of the left knee revealed no warmth, tenderness, or crepitus, flexion 0-135 degrees, and +1 anterior drawer sign.The injured worker had medial collateral ligament and medial joint line tenderness, mild swelling and effusion, flexion from 0 to 120 degrees, and +2 anterior drawer sign. Current medications were not provided. The treatment plan included one Supartz injection to the left knee once a week for three weeks. The rationale for treatment was not provided. The request for authorization form was signed on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Supartz Injection to the Left Knee once a week for 3 weeks: 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: 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), Knee, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections of the knee, including Supartz injection, 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. The criteria indicated for hyaluronic acid injection of the knee include documented symptoms of osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, and no palpable warmth of synovium, or patients who experience significantly symptomatic osteoarthritis but have not responded adequately to conservative treatment and medication. Hyaluronic acid injections are not recommended for any indications other than osteoarthritis. The injured worker complained of moderate to severe pain about the left knee. There is a lack of physical exam findings to support a diagnosis of osteoarthritis. Supartz injection is not recommended for any indication other than osteoarthritis. In addition, there is a lack of evidence that the injured worker first tried and failed conservative medication (NSAIDs or acetaminophen) along with exercise, as well as aspiration and injection of intra-articular steroids. Therefore, the request for one Supartz injection to the left knee once a week for three weeks is not medically necessary.