

Case Number:	CM14-0136254		
Date Assigned:	09/05/2014	Date of Injury:	09/09/2013
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 43-year-old gentleman who sustained an injury to the left knee on 09/09/13. The clinical records provided for review documented that the claimant's initial injury was to the right knee for which he underwent a knee arthroscopy and meniscectomy in December 2013. In his postoperative course of care, he developed a twisting injury to the left knee with persistent pain despite conservative care that included physical therapy, home exercises, and medication management. The 04/16/14 follow up evaluation for the bilateral knees documented the left knee was improving but the claimant had continued crepitation and anterior knee pain for the diagnosis of patellofemoral chondromalacia. There was no documentation of imaging or prior treatment with injections for review. This request is for a series of viscosupplementation injections to the claimant's left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supratz injections x5 to the left knee 1 time a week for 5 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 & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Supartz Injection; Hyaluronic acid injections

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at the Official Disability Guidelines, the request for Supartz injections times five for the left knee once a week for five weeks is not recommended as medically necessary. The claimant is documented to have patellofemoral pain complaints but there are no imaging reports for review. The Official Disability Guidelines do not support the use of any viscosupplementation injection for isolated patellofemoral discomfort or degenerative change. There is also no documentation of previous injection therapy having been performed in this claimant's course of care for the left knee. Without documentation of the above, the request for Supartz viscosupplementation injections for the left knee would not be indicated.