MAXIMUS Federal Services

Case Number:	CM14-0160954		
Date Assigned:	10/06/2014	Date of Injury:	02/07/2012
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medecine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 47 years old male with an injury date on 02/07/2012. Based on the 08/22/2014 progress report provided by [redacted], the diagnoses are:1. Lumbar spine myofascitis w/Radiculitis2. Lumbar spine disc injury3. Cervical spine sprain/strain w/myofascitisAccording to this report, the patient complains of constant left knee pain that is sharp; pain level is at a 5/10. Physical exam reveals positive patella compression test on the left. Tenderness is noted at the cervical/lumbar spine and left medial patellar facet. Per treater, X-ray of the left knee shows severe chondromalacia; medial side. X-ray report was noted included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/11/2014. [redacted] is the requesting provider, and he provided treatment reports from 05/15/2014 to 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections under ultrasound guidance for the left knee, #5: 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 Chapter

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

Decision rationale: According to the 08/22/2014 report by [redacted] this patient presents with constant left knee pain that is sharp; pain level is at a 5/10.The treater is requesting Supartz injection under ultrasound guidance for left knee, five counts. MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend hyaluronic acidinjections for "severe arthritis" of the knee that have not responded to other treatments. This patient does not presents with "severe arthritis" of the knee. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain)." In this case, the patient presents with severe chondromalacia of the left knee for which these injections are not indicated. X-rays described do not mention arthritis and there were no MRI's or other references to "severe arthritis." Therefore, the requested hyaluronic acid injection series of 5 is not in accordance with ODG guidelines. The request is not medically necessary.