MAXIMUS Federal Services

Case Number:	CM14-0166319		
Date Assigned:	10/13/2014	Date of Injury:	06/21/2012
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 57 year old female who was injured at work when she slipped and fell on her knee on 06/21/2012. The right knee revealed tenderness in the lateral joint line, crepitus, decreased range of motion, physical examination revealed tenderness of the lateral joint line of the right knee. The MRI is positive for degenerative tri-compartmental in all compartments and degenerative changes and degenerative medial and lateral meniscus tears. She has been diagnosed of right knee degenerative arthritis and meniscal tears. Treatments include Naprosyn, Tramadol, omeprazole, Menthoderm, Cortisone injection, Hydraulic acid injection; TENS unit. At dispute is the request for right knee supartz injection with ultrasound guidance, series of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee supartz injection with ultrasound guidance, series of 3 F 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Hylan

Decision rationale: The injured worker sustained a work related injury on 06/21/2012. The medical records provided indicate the diagnosis of right knee degenerative arthritis and meniscal tears. Treatments include Naprosyn, Tramadol, Omeprazole, Menthoderm, Cortisone injection, Hydraulic acid injection; TENS unit. The medical records provided for review do not indicate a medical necessity for right knee supartz injection with ultrasound guidance, series of 3. The MTUS does not discuss the topic. The Official Disability Guidelines recommends a series of three injections of Hyaluronic acid as an option in severe knee osteoarthritis not responding to conservative treatment to delay knee replacement. The records revealed the injured worker is currently being treated with Hyaluronic acid, but there was no documentation of the number of injections or benefits of treatment. Without information on number of injections or benefits the treatment is not medically necessary.