

Case Number:	CM15-0103102		
Date Assigned:	06/05/2015	Date of Injury:	05/25/2013
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male, who sustained an industrial injury on May 25, 2013. He reported right knee pain. The injured worker was diagnosed as having right knee patella-femoral osteoarthritis with mild medial compartment osteoarthritis and status post right knee surgery. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, conservative care, medications and work restrictions. Currently, the injured worker complains of continued right knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 25, 2015, revealed continued pain as noted. He reported requiring a cane for ambulation. An antalgic gait was noted. He reported a popping and locking sensation in the right knee. Injections to the right knee were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Supartz Injections right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Workers Compensation, Online Edition, Chapter: Knee & Leg, 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for right knee pain. When requested, there was right patellofemoral joint tenderness. There was no joint line tenderness. There was decreased knee range of motion. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise and non-steroidal anti-inflammatory medications or acetaminophen. There is insufficient evidence for other conditions, including patellofemoral arthritis or chondromalacia. In this case, there is no evidence that the claimant has tried and failed an appropriate trial of any non-steroidal anti-inflammatory medication or trial of acetaminophen. There is no diagnosis of severe knee osteoarthritis. The request is not medically necessary.