

Case Number:	CM15-0012614		
Date Assigned:	01/30/2015	Date of Injury:	01/17/2014
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 01/17/2014 due to a twisting injury. On 01/07/2015, he presented for a followup evaluation regarding his work related injury. It was noted that he was being seen for a postoperative evaluation regarding his right knee and that he was doing overall well and approximately 85% near normal. He was noted to be taking Norco and tramadol for pain. A physical examination showed mild quadriceps atrophy and range of motion was 0 to 120 degrees with mild joint line tenderness and minimal crepitus. The knee was stable with varus and valgus stress and there was no effusion. He had a negative anterior and posterior drawer, Lachman's, and there was mild crepitus with pain with patellar grind and compression as well as flexion of the right knee. Motor and sensation were noted to be intact. He was diagnosed with status post right knee arthroscopic partial meniscectomy and extensive chondroplasty for grade 3 and 4 chondromalacia. The treatment plan was for a Supartz injection x5 on the right knee. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection x5 on the right knee: 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 and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic Acid Injections.

Decision rationale: According to the California ACOEM Guidelines, invasive techniques are not routinely indicated. The Official Disability Guidelines state that Supartz injections are only indicated for those who have documented severe osteoarthritis of the knee with severely limited activities of daily living and only after conservative care. Based on the clinical documentation submitted for review the injured worker was noted to be postop right knee meniscectomy and chondroplasty. However, there is a lack of documentation showing that the injured worker has severely limited activities of daily living or that he has tried and failed recommended conservative care postoperatively to support the requested intervention. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.