MAXIMUS Federal Services

Case Number:	CM15-0172759		
Date Assigned:	09/14/2015	Date of Injury:	02/07/2014
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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 50 year old male who sustained an industrial injury on 2-7-14. The injured worker reported left knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for tear of medial cartilage or meniscus of knee, degenerative joint disease of knee and knee pain. Medical records dated 8-26-15 indicate medial knee pain rated at 9 out of 10. Treatment has included left knee magnetic resonance imaging (2-10-15), Ibuprofen since at least February of 2015, corticosteroid injection (8-26-15), status post left knee arthroscopy (4-16-15) and home exercise program. Objective findings dated 8-26-15 were notable for antalgic gait, left knee with scant effusion, medial joint line tenderness with full range of motion. The original utilization review (8-20-15) denied a request for a series of Supartz injections, once a week, to the left knee (quantity of 5).

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of supartz injections, once a week, to the left knee (QTY: 5): 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): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in February 2014 when he twisted and fell onto his left knee. He underwent an arthroscopic partial medial meniscotomy with chondroplasty and synovectomy in June 2014 and had ongoing symptoms. Subsequent treatments included corticosteroid injection without improvement. He underwent repeat arthroscopy again with medial meniscotomy with chondroplasty and synovectomy in April 2015 for a retear. When seen, he was having ongoing knee pain and episodes of swelling. He was performing home exercise and taking NSAID medication. Physical examination findings included a BMI of over 32. There was a slightly antalgic gait with medial joint line tenderness and a scant effusion. Authorization for a series of viscosupplementation injections was requested with consideration of a cortisone injection. When the viscosupplementation injections were not authorized, the cortisone injection was performed. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of conservative treatments such as physical therapy or a corticosteroid injection performed after the claimant's surgery in April 2015. The requested series of injections was not medically necessary.