

Case Number:	CM15-0042268		
Date Assigned:	03/12/2015	Date of Injury:	04/12/2014
Decision Date:	06/02/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 12, 2014. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for a series of three viscosupplementation (Supartz) injections. A February 19, 2015 order form was referenced in the determination, as were progress notes of January 12, 2015 and January 15, 2015. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant underwent video arthroscopy of the right knee, tricompartmental synovectomy, tricompartmental chondroplasty, removal of loose bodies, partial medial and lateral meniscectomy, and fascial sheath injection. Operative findings did apparently include chondromalacia and meniscal tearing. MRI imaging dated September 2, 2014 was notable for severe chondromalacia changes, moderately severe degenerative arthritic changes, meniscal tearing, and a large joint effusion. A physical therapy progress note dated December 15, 2014, handwritten, did suggest that the applicant had residual complaints of knee pain, 8/10. The remainder of the file was surveyed. It did not appear that more recent January and February 2015 notes and/or order forms made available to the claims administrator were incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz for injection for the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed: Knee Disorders 687 VISCOSUPPLEMENTATION INJECTIONS Viscosupplementation has been used for knee osteoarthritis^{15, 1253, 1279-1296} and to treat pain after arthroscopy and meniscectomy. ¹²⁹⁷ Similar to glucocorticosteroid injections, the purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention. ^{1280, 1287, 1298-1301} Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis.

Decision rationale: Yes, the proposed Supartz (viscosupplementation) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines notes that intraarticular knee viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis. Here, the applicant did have issues with moderate-to-severe knee osteoarthritis, at age 56, following earlier failed knee meniscectomy procedure, it was noted on physical therapy progress note of December 15, 2014. The applicant had MRI findings suggestive of severe arthritic and/or chondromalacic changes. Earlier treatment in the form of time, medications, physical therapy, earlier knee arthroscopy, etc., had seemingly proven ineffectual. Moving forward with what appeared to represent a first time request for viscosupplementation (Supartz) injection therapy, thus, was indicated. Therefore, the request was medically necessary.