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| Case Number: | CM15-0063946 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 08/11/2013 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 60-year-old, female who sustained a work related injury on 8/11/13. She fell and twisted right knee and the knee hit the ground. She had immediate swelling in knee. The diagnoses have included medial meniscus tear, chondral defect medial femoral condyle, and chondral defect patello femoral joint and degenerative arthritis of right knee. Treatments have included x-rays, MRIs, medications, physical therapy, right knee injections and right knee surgery. In the SOAP Note dated 3/11/15, the injured worker complains of constant and increasing medial sided right knee pain. She has pain that radiates into the lateral hip. The treatment plan is a recommendation for a series of right knee injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee supartz injection 1 per wk/3wks #3: 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 (updated 02/27/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best". In this case, there is no evidence of osteoarthritis and the physical examination as well as the recent x-ray does not document a significant deficit or arthritis. There is no clear evidence of failure of conservative therapies such as cortisone injection to control the patient pain. Therefore, the prescription of Right knee supartz injection 1 per wk/3wks #3 is not medically necessary.