

Case Number:	CM15-0066769		
Date Assigned:	04/14/2015	Date of Injury:	01/30/2014
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 56-year-old male injured worker suffered an industrial injury on 01/30/2014. The diagnoses included right knee arthroscopy with partial medical meniscectomy. The injured worker had been treated with physical therapy, surgery and injections. The last X-ray of the knee was noted to show moderate arthritis and joint space narrowing. The last cortisone injection did not provide any significant pain relief. On 3/4/2015, the treating provider reported that after the arthroscopy 5 months ago, he is still having knee pain with tenderness and trace effusion. The treatment plan included Supartz injection for the right knee. The medications listed are ibuprofen, allopurinol and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection for the right knee 1 injection a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of joint pain when conservative treatments with medications and PT have failed. The guidelines stated that injections of hyaluronic acid derivatives could be utilized for the treatment of severe knee arthritis as an option to avoid or delay major invasive surgery or knee replacement. The records showed minimal subjective, objective and radiological findings that are not consistent with a diagnosis of severe knee arthritis. There is no indication that conservative treatments have failed or that surgery is being considered. There was no reported beneficial effect following steroid injection to the knee. The criteria for Supartz injection to right knee 1 week apart for 5 weeks were not met. Therefore, this request is not medically necessary.