

Case Number:	CM15-0070359		
Date Assigned:	04/17/2015	Date of Injury:	03/17/2014
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania, Ohio, California
 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 35 year old male, who sustained an industrial injury on March 17, 2017. The injured worker has been treated for back and right knee complaints. The diagnoses have included right knee medial and lateral meniscal tear, severe chondromalacia anterior compartment right knee, right knee effusion, right sciatica, lumbar sprain/strain and morbid obesity. Treatment to date has included medications, radiological studies, physical therapy, knee brace, home exercise program and right knee surgery. Current documentation dated March 24, 2015 notes that the injured worker reported right knee pain and intermittent low back pain which radiated to the right upper back and right lower extremity. Associated symptoms included right lower extremity weakness and numbness. Examination of the right knee revealed weakness, popping in the knee and motor testing caused involuntary tremors in the leg. The right knee pain was rated a three to four out of ten on the visual analogue scale. The treating physician's plan of care included a request for Supartz injections times five to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections x 5 to 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 (ODG-TWC), Knee and joint chapter, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Hyaluronic Acid Injections.

Decision rationale: ODG recommends Supartz for patients with significantly symptomatic osteoarthritis who have not responded adequately to recommended initial conservative treatment. This patient has a history of partial medial and lateral meniscectomy surgery with radiographic findings of minimal osteoarthritis at age 35. Thus the patient does not have a diagnosis for which treatment guidelines recommend this treatment. The treatment is therefore not medically necessary.