

Case Number:	CM15-0090413		
Date Assigned:	05/14/2015	Date of Injury:	11/15/2013
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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, Alabama, 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 43 year old male, who sustained an industrial injury on 11/15/2013. He has reported injury to the right knee. The diagnoses have included right knee anterior horn medial meniscus tear, extensive synovitis of the joint, and grade 3 chondromalacia of the patellofemoral joint; status post right knee arthroscopy, with partial meniscectomy, on 08/16/2014; postoperative deep vein thrombosis; right bunion; and right plantar nerve lesion. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee pain; and residual arthritic changes of the patellofemoral joint. Objective findings included mild swelling of right knee tenderness over the patellofemoral joint; positive patellar grind; and restricted range of motion. The treatment plan has included the request for Supartz injection, series of three (3) 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 injection, series of three (3) to the right knee: 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 Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is: “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. There is no clear evidence of failure of conservative therapies such cortisone injection to control the patient pain. Therefore the prescription of Series of 3 supartz injection to the right knee is not medically necessary.