MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/21/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	8/7/2013
Date of Injury:	3/19/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010467

1) MAXIMUS Federal Services, Inc. has determined the request for **one supartz injection – sodium hyaluronate is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **one supartz injection – sodium hyaluronate** is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
This is a 38 year old female with the diagnosis of left knee strain. The claimant began treating on 04/09/13 for a left knee strain. The claimant had stepped into a hole while getting out of a car on 03/19/13. She was seen at occupational medicine that day. Examination revealed left knee lateral joint line tenderness, decreased range of motion due to pain. The plan was for modified duty, rest, ice and elevation. The claimant began physical therapy for the left knee in April 2013.

On 04/19/13, Dr. [redacted] saw the claimant for complaints of left knee tightening and pain. She was wearing a knee support. Upon examination there was tenderness to palpation which was moderate over the left knee lateral joint line. Range of motion of the left knee was 0 to 100 degrees. The plan was for imaging and physical therapy. The 05/20/13 office note documented the left knee x-ray showed no acute fracture or dislocation, no significant joint space narrowing and minimal osteophyte formation in the patellofemoral and lateral compartments. Dr. [redacted] referred the claimant to ortho, recommended Motrin, knee support and physical therapy. On 06/06/13, Dr. [redacted] saw the claimant in follow up. There was tenderness to palpation to the anterior medial and anterior lateral joint line, pain with compression of the patella femoral joint and patellofemoral crepitation to the right greater than left knee. McMurray's was positive on the left. There was tenderness to the anterior medial and lateral joint lines. There was 1+ effusion. Dr.[redacted] stated the x-rays of the left knee, dated 05/20/13, showed mild degenerative changes of the lateral compartment and to patellofemoral joint. Diagnosis was left knee strain. The plan was for physical therapy, MRI of the left knee, NSAIDS and work modifications.

The MRI of the left knee, dated 06/13/13, revealed linear hyperintense signal within the posterior horn of the medial meniscus which appears to extend to the inferior articular surface suggestive of a possible small horizontal tear. There was minimal

tricompartmental degenerative changes and thinning of the articular cartilage and mild bony edema within the lateral aspect of the lateral tibial spine.
The claimant was seen in occupational medicine on 05/06/13 and 05/20/13. The claimant was using a cane. Dr. [redacted] saw the claimant on 06/03/13. Bilateral knee exam was unchanged. Dr. [redacted] recommended an injection if no medial meniscus tear on the MRI. On 06/26/13, the claimant underwent a left knee corticosteroid injection by Dr. [redacted] The claimant had reported less rest pain and using a cane occasionally. Examination of the left knee revealed moderate tenderness to palpation over the lateral joint line. Motrin was recommended.

The claimant reported less pain after the injection on 07/09/13. Dr. [redacted] reviewed the MRI of the left knee. Diagnosis was medial meniscus tear. Continued conservative treatment was recommended. The claimant was seen on 07/25/13 and reported no change in symptoms to Dr. [redacted]

On 08/05/13, Dr. [redacted] saw the claimant for persistent left knee discomfort. The pain was 5/10. The pain was aggravated by standing, walking, squatting, bending and twisting of the knee. Knee exam revealed minimal tenderness to palpation to the anterior and anterior lateral joint line, pain with compression of the patella femoral joint and patellofemoral crepitation right greater than the left knee and positive McMurray on the left side. There was 0-1+ effusion on the left side. Dr. [redacted] stated that because the claimant had persistent left knee pain following a course of physical therapy, corticosteroid injection, NSAIDS and modification of work activities, he would recommend a series of Supartz injections.

The 08/08/13 peer reviewer stated that Supartz injections are not recommended for chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans or patellofemoral arthritis.

On 08/19/13, the claimant reported to Dr. [redacted] increased left knee pain. There was no specific injury. She noted locking in her knee. There was tenderness to palpation over the left knee medial joint line. Dr. [redacted] referred the claimant to ortho for surgical evaluation since the Supartz injections were denied. On 09/11/13, Dr. [redacted] evaluated the claimant for surgery. The claimant reported clicking, locking, and catching sensation in the knee. Dr. [redacted] stated it was impossible to perform the exam due to guarding. Dr. [redacted] stated the imaging showed a medial meniscus tear. Diagnosis was left knee medial meniscus tear. The plan was for left knee arthroscopy. Dr. [redacted] last saw the claimant on 09/12/13. The claimant stated she felt the same with pain complaints of 3-4/10. There was tenderness to palpation to the medial joint line of the left knee. Dr. [redacted] stated that since ortho recommended surgery he would refer the claimant for surgery and transfer her care. Review of the records indicated the claimant has been treated with corticosteroid injection to the left knee for relief of pain for five days, NSAIDS, ankle and knee brace, physical therapy, off work and home exercise program.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review

- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one supartz injection – sodium hyaluronate:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Official Disability Guidelines, Knee and Leg (Acute & Chronic) which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Treatment in Workers Compensation, 18th Edition, 2013 Updates, Knee Chapter, Criteria for Hyaluronic acid injections, which is not part of the MTUS, and the American College of Rheumatology, which is not part of the MTUS.

Rationale for the Decision:
The Supartz injection given cannot be determined to be medically appropriate. Viscosupplementation injections are given for osteoarthritis and the Official Disability Guidelines (ODG) specifically indicate claimants must have documented symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology criteria. There are numerous criteria listed including requirements that the employees are over the age of 50 years. This relatively young employee does not have documented severe osteoarthritis and does not meet criteria for viscosupplementation. The mere fact that the employee failed other treatment with a corticosteroid injection, therapy and anti-inflammatory medications is insufficient to justify the use of viscosupplementation as it does not meet the guidelines. **The request for one supartz injection – sodium hyaluronate is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.