

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 1/13/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/26/2013 |
| Date of Injury: | 12/16/2011 |
| IMR Application Received: | 8/8/2013 |
| MAXIMUS Case Number: | CM13-0008844 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Supartz injection series of 5 for the left knee is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **Supartz injection series of 5 for the left knee 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 Physical Medicine and Rehabilitation, 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:

55 yo female who injured her left knee, lower back, and neck secondary to a fall on 12/16/12 while working as a cashier.

July 10, 2013 note by Dr. [REDACTED]: patient complained of "on-going left knee pain". On physical exam, there was crepitation though range of motion in the left knee. There was tenderness in the medial joint line especially over the patella. The patient was diagnosed with left knee chondromalacia; joint effusion. The patient had previously undergone multiple treatments, including physical therapy, injections, surgery, and nonsteroidal anti-inflammatory medications.

X-rays of the left knee show no significant arthritic changes. However, intraarticular views show evidence of Grade II and III chondromalacia, especially at the patella and medial femoral condyle

Sept 6, 2013 note: DIAGNOSIS: Left . knee chondromalacia and degenerative joint disease and osteoarthritis.

MRI: 3/21/13: IMPRESSION:

I. Features compatible with patellofemoral impingement with findings suspicious for patella alta. Correlate clinically a...rid with radiographs.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Supartz injection series of 5 for the left knee:**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 (ODG) Knee & Leg: Hyaluronic Acid Injections, which is not part of 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 on the Official Disability Guidelines (ODG) Knee & Leg: Hyaluronic Acid Injections.

Rationale for the Decision:

According to ODG hyaluronic acid injection is recommended in individuals who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these after at least 3 months. This employee has chondromalacia and mild intraarticular osteoarthritis which does not meet the guidelines for Supartz, aka, Hyaluronic Acid, injections. Furthermore, there was a lack of physical examination documents to meet the ODG guideline criteria.

The request for Supartz injection series of 5 for the left knee 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

/sm

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.