

Case Number:	CM13-0018609		
Date Assigned:	01/03/2014	Date of Injury:	01/06/2012
Decision Date:	03/18/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of January 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee medial meniscectomy and synovectomy surgery of April 2012; unspecified amounts of therapy; and extensive periods of time off of work. In a utilization review report of August 13, 2013, the claims administrator denied a request for knee Synvisc injection, stating that arthritis was not clearly documented. In a utilization review denial, however, the attending provider did note that the applicant had had an MR arthrogram of October 10, 2012, demonstrating "thinning of articular cartilage." The applicant's attorney apparently appealed the denial. In a December 5, 2013 progress note, applicant is described as having persistent 6/10 knee pain, improved with ibuprofen. The applicant does walk with a limp. Limited knee range of motion is noted from 5 to 120 degrees with the positive McMurray sign. A 5/5 strength is noted. The applicant is asked to pursue hyaluronic acid injection. The applicant's case and care have apparently been complicated with morbid obesity. The applicant had a BMI of 40 noted on an office visit of January 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection left knee x3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004), Chapter 13, Knee Pain and Osteoarthritis, Injections.

Decision rationale: The California MTUS does not address the topic of viscosupplementation injections. As noted in the Third Edition ACOEM Guidelines on viscosupplementation, intra-articular knee viscosupplementation injections are recommended for the treatment of knee arthritis and to treat pain after arthroscopy and meniscectomy. Contrary to what was suggested by the claims administrator, the applicant does have radiographic evidence of knee arthritis as evinced by thinning of articular cartilage noted on MR arthrography of October 2012. The applicant subsequently underwent surgery since that point in time. Surgery may have accelerated the applicant's already radiographically evident arthritic changes. The applicant's BMI in the 40 range could also have accelerated already evident knee arthritis noted in October 2012. ACOEM further supports viscosupplementation injections to address pain associated with meniscectomy/arthroscopy. In this case, the applicant's knee pain has in fact proven recalcitrant to other operative and nonoperative treatments, including time, medications, prior knee arthroscopy, etc. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.