

Case Number:	CM14-0150454		
Date Assigned:	09/18/2014	Date of Injury:	07/22/2011
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/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 injured worker is a 63 year old male with a date of injury on July, 22 2011. There is an evaluation from 8/14 in which the injured worker relates a long history of back pain with pain radiating into the left leg. A comment stating he had a left knee strain and medial meniscal tear. The injured worker had complained of popping, clicking, and giving out in both knees. A prior x-ray had shown medial joint space narrowing. In September of 2014, a request is made for knee Supartz injections, stating the injured worker has bilateral severe arthritic changes with prior chiropractic and physical therapy. There was tenderness bilaterally at the medial joint line with positive McMurray's sign. There was crepitus at the knees with slight decrease in range of motion. The injured worker was diagnosed with knee strain and tear of medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection bilateral knee qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee & Leg; Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee, Viscosupplementation

Decision rationale: The x-rays of the knees from June of 2014 show "severe arthritis," but these films are not provided. Prior x-rays had made reference to "medial joint space was narrowing", but there is no note indicating severe arthritis. There is no data that states the injured worker has exhausted conservative care such as non-steroidal anti-inflammatory medication or steroid injection. There is no suggestion as to how the injured worker is doing in regard to activities, squat/kneel, ambulation, working, etc. There is nothing on exam to indicate severe arthritis, including bony enlargement, tenderness, or morning stiffness. Given the available information, however, the injured worker may have some arthritic changes, although it is no definite. The clinical criteria are not met, and thus the request for injections is not considered medically necessary.