

<b>Case Number:</b>	CM13-0010116		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/28/1998
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Physical Medicine & Rehabilitation 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 68 year old female who reported injury to left knee on 06/28/1998 of unknown mechanism. She complained of constant left knee pain for some time with increased pain to the back of the knee. She rated her pain at a 7 on a 1-10 scale that interferes with her driving. Physical examination on 05/30/2014, noted the injured worker did not exhibit any pain, swelling or erythema, the left knee was positive for effusion, and antalgic gait. On 04/30/2014 examination showed slight valgus laxity, positive drop sign and patellar grinding, positive Apley's compression, negative ballotment, and osteophytic bony deformity. Her anterior and posterior cruciate ligaments were not stressed. There were no diagnostic studies submitted for review. She has had multiple knee surgeries dated in the years 1998, 1999 and on 03/11/2000, 06/02/2000, as well as 07/31/2000, and per the physician's note on 05/30/2014 and 05/01/2014 she needs to have a total knee replacement. She was referred to an orthopedic surgeon for evaluation for a total knee replacement secondary to severe degeneration of the left knee. Strength test on 05/01/2014 show right and left lower leg to have strength of 5/5 on flexion and extension. Her diagnosis is pain in joint lower leg. Past treatment included oral medications and knee brace. There were no clinicals suggesting failed trials of conservative measures such as exercise, physical therapy, and anti-inflammatory medications. The injured worker's current medications are relafen 500mg one tablet twice a day, glucosamine Hcl 500mg one tablet three times a day, tylenol #3 with codeine 300-30mg one tablet every twelve hours, and advil 200mg. The request for authorization form was not submitted for review. There is no rationale for the request for (5) five Supartz injections to the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **5 SUPARTZ INJECTIONS TO THE LEFT KNEE, AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): [www.acoempracguides.org](http://www.acoempracguides.org), Knee/Table 2.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, hyaluronic acid injections.

**Decision rationale:** The injured worker complained of constant severe left knee pain and had multiple knee surgeries to her knees. She is over 50 years of age and is currently a candidate for a total knee replacement and there were no clinicals suggesting failed trials of conservative measures such as exercise, physical therapy, and anti-inflammatory medications. According to Official Disability Guidelines (ODG) knee, hyaluronic acid injections criteria the injured worker must not be a candidate for total knee replacement or have had previously failed knee surgeries. Per the physician the injured worker was referred to an orthopedic surgeon for evaluation for a total knee replacement secondary to severe degeneration of the left knee. The request is not medically necessary.

