

<b>Case Number:</b>	CM13-0030512		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 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:

This 62 year-old patient sustained an injury on 2/11/08 while employed by [REDACTED]. Request under consideration include OUTPATIENT SUPARTZ INJECTIONS X5 RIGHT KNEE UNDER GUIDANCE OF ULTRASOUND ONCE A WEEK FOR FIVE WEEKS. MRI of right knee dated 2/25/08 noted partial tear of posterior cruciate ligament; early changes of chondromalacia and medial meniscus degeneration without articular tear. Report of 3/14/13 from the provider noted the patient had received previous cortisone injection and viscosupplementation injection previously for diagnoses of patellofemoral chondromalacia with good relief. Report dated 7/31/13 from the provider noted phone conversation with patient requesting for refill of medication and denying significant change in medical condition or any problems with current medication regimen. Exam limited to discussion and to see previous noted for findings. Diagnoses was Knee/leg sprain with treatment to dispense Biofreeze 4 bottle and no change in treatment plan except for refills. Brief hand-written report of 8/2/13 from the provider noted the patient was there for follow-up of chronic knee symptoms. Exam showed ligaments stable; positive patellar compression; mild effusion. Diagnosis was Chondromalacia Patella. Treatment plan included NSAIDs Celebrex and Visco supplement. The request for OUTPATIENT SUPARTZ INJECTIONS X5 RIGHT KNEE UNDER GUIDANCE OF ULTRASOUND ONCE A WEEK FOR FIVE WEEKS was non-certified on 8/26/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT SUPARTZ INJECTIONS X5 RIGHT KNEE UNDER GUIDANCE OF ULTRASOUND ONCE A WEEK FOR FIVE WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, pages 311-313.

**Decision rationale:** This 62 year-old patient sustained an injury on 2/11/08 while employed by [REDACTED]. Request under consideration include OUTPATIENT SUPARTZ INJECTIONS X5 RIGHT KNEE UNDER GUIDANCE OF ULTRASOUND ONCE A WEEK FOR FIVE WEEKS. MRI of right knee dated 2/25/08 noted partial tear of posterior cruciate ligament; early changes of chondromalacia and medial meniscus degeneration without articular tear. Report of 3/14/13 from the provider noted the patient had received previous cortisone injection and viscosupplementation injection previously for diagnoses of patellofemoral chondromalacia with good relief. Report dated 7/31/13 from the provider noted phone conversation with patient requesting for refill of medication and denying significant change in medical condition or any problems with current medication regimen. Exam limited to discussion and to see previous noted for findings. Diagnoses was Knee/leg sprain with treatment to dispense Biofreeze 4 bottle and no change in treatment plan except for refills. Brief handwritten report of 8/2/13 from the provider noted the patient was there for follow-up of chronic knee symptoms. Exam showed ligaments stable; positive patellar compression; mild effusion. Diagnosis was Chondromalacia Patella. Treatment plan included NSAIDs Celebrex and Visco supplement. There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the patella. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request with diagnoses of chondromalacia patella. The OUTPATIENT SUPARTZ INJECTIONS X5 RIGHT KNEE UNDER GUIDANCE OF ULTRASOUND ONCE A WEEK FOR FIVE WEEKS is not medically necessary and appropriate.