

<b>Case Number:</b>	CM13-0033875		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 62 year old male with a date of injury on 5/22/2003. The patient was trying to sit down and his foot stayed but his body kept going. His diagnoses include knee osteoarthritis. The patient has undergone left knee PCL reconstruction and later a partial meniscectomy in the 1990s. The patient has tried conservative treatments with pain medications including Soma, Norco, and Flector. The disputed issue is a request for Supartz injection x 5. An adverse utilization review determination documented that the patient has no documentation of "failure of a recent regimen of conservative non-pharmacologic treatment." The reviewer also stated that there was "no indication that the patient is no longer a candidate for total knee replacement" and Final Determination Letter for IMR Case Number [REDACTED] that "pain interference with functional activities and failure of previous intra-articular left knee steroid injections were not documented."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 SERIES OF 5 SUPARTZ INTRA-ARTICULAR HYALURONATE INJECTIONS UNDER FLUOROSCOPY GUIDANCE TO THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Treatment in Workers Comp (TWC), Online Edition, Chapter: Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHAPTER ON KNEE, VISCOSUPPLEMENTATION

**Decision rationale:** In this employee, there is documentation of significant pain with the pain score a 7 out of 10 in the most relevant progress note associated with this request on date of service August 28, 2013. The employee has ongoing left knee pain, and x-rays performed that day revealed intact hardware from the PCL reconstruction, medial sclerosis, and lateral compartment narrowing. Viscosupplementation is an option in those who "have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies." The employee does not have any documentation of outcomes to knee steroid injection, which is considered a standard treatment for osteoarthritis. There is no documentation of any relative or absolute contraindications to steroid injections. Recent documentation of home exercise program or physical therapy outcomes is also not available (although the employee is likely to have exhausted this given the chronicity of knee pain). Given that these factors have not been addressed, the request is not recommended at the present time.