

<b>Case Number:</b>	CM13-0036846		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Orthopedic Surgery, 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:

This patient presents with left knee pain. An exam note dated 7/30/13 includes a left knee MRI with partial lateral meniscectomy with early degeneration of the patellofemoral joint. An exam note dated 9/5/13 demonstrates left knee pain with antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**series of five supartz visco supplementation injections to the 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Per the Official Disability Guidelines, hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments, or for patients who intolerant of these therapies. To qualify for symptomatic severe osteoarthritis, patients should experience knee pain, plus five of the following criteria: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate less than 40mm/hour, less than 30 minutes of morning stiffness, no palpable warmth of synovium, 50+

years of age, rheumatoid factor less than 1:40 titer (agglutination method), synovial fluid signs, pain that interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, and patients who are not candidates for total knee replacement or have failed previous knee surgery for arthritis. In this case there is lack of documentation in the record of severe osteoarthritis of the knee to warrant viscosupplementation injections; the patient did not meet 5+ of the criteria for diagnosis. Therefore the request is non-certified.