

<b>Case Number:</b>	CM13-0058433		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Orthopedic Surgery and is licensed to practice in Georgia. 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:

Patient is a 45 year-old female who slipped and fell on 3-5-13 injuring her left knee and low back. She was diagnosed with a left knee sprain and low back strain. X-rays of the knee were negative. She was treated with Diclofenac and Lorcet and was placed on light duty. On 3-13-13, she was much better and kept improving up until 4-29-13 when a MRI was ordered and obtained the next day and showed osteoarthritis/chondromalacia and a full thickness chondral defect of the lateral trochlear margin and chondromalacia of the posterior aspect of the medial femoral condyle and a mild medial collateral ligament sprain. She was thus referred to orthopaedic surgery on 5-17-13. She was given a cortisone injection in the knee which helped for a few months. She also underwent extensive physical therapy. The treating provider has requested a series of 5 Supartz injections, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SERIES OF 5 SUPARTZ INJECTIONS, 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013

**Decision rationale:** The Visco-supplementation is not well covered in California MTUS. ODG guidelines do not recommend Hyaluronic acid injections for anything other than arthritis of the knee such as chondromalacia of the patella or patello-femoral arthritis and patello-femoral syndrome, because the effectiveness of these injections for these indications has not been established. Records don't show definite evidence of osteoarthritis other than what might be focal articular defect. Moreover, even if such degenerative changes had been demonstrated, it would have nothing to do with a work-related injury. Medical necessity for the requested item has not been established. The requested item is not medically necessary.