

<b>Case Number:</b>	CM13-0065577		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 62-year-old female with a date of injury of 12/04/2008. The listed diagnoses per [REDACTED] are: Shoulder pain, Low Back Pain, Knee Pain, Cervical facet syndrome, Spinal/lumbar disk degenerative disease. According to report dated 11/20/2013 by [REDACTED], the patient presents for continued bilateral knee pain. The pain level has increased since last visit, and it is rated as 7/10. The patient reports right knee gave out and she fell and hit her arm and knee on the frame of car door. The patient is status post right knee arthroscopy on 07/10/2012. Examination of the right knee revealed healed arthroscopic scars. Range of motion is restricted with flexion limited to 120 degrees and extension 5 degrees less than full. There is tenderness to palpation noted over the lateral joint line, medial joint line, and patella. Right knee is stable to valgus stress and extension at 30 degrees. Patella grind test is positive, and there is positive crepitus. The right knee is buckling. Left knee examination revealed crepitus with decreased range of motion. Treater is requesting right knee injection with Supartz for pain and instability. MRI of the right knee dated 01/30/2012 showed degenerative joint disease, with osteophyte in lateral femoral condyle and the superior pole of the patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 RIGHT KNEE SUPARTZ INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

**Decision rationale:** This patient presents with continued right knee complaints. Treater is requesting 5 right knee Supartz injections. ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG recommends Hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." ODG further states, repeat series are considered with documented "significant improvement in symptoms for 6 months or more." In this case, the patient underwent 5 supartz injections mid March 2012. Progress report from 03/28/2012 reports "knee pain improved by 50%" after injections. However, the pain persisted and the patient ultimately underwent right knee arthroscopy on 07/10/2012. ODG requires "significant improvement" that last more than 6 months for repeat injections to be considered. The request for right knee supartz injections is not medically necessary and appropriate.