

<b>Case Number:</b>	CM14-0018344		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 63-year-old patient with a 8/14/13 date of injury. The patient was a working as a concrete worker when he he was struck in the back of his right knee by a 16 foot board. In a 1/29/14 progress note, the patient complained of painful and tight right knee, right foot, and right ankle with spasms. Objective findings: Pain, tenderness and swelling, no redness or ecchymosis, right knee flexion 110/135 and extension 140/180, McMurray negative. Diagnostic impression: Sprain/strain of ankle, contusion of multiple sites of lower limb, muscle spasms, edema, pain of limb. Treatment to date: medication management, activity modification, surgery. A UR decision dated 2/6/14 denied the request for Supartz injections. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecan, or patellofemoral syndrome (patellar knee pain).

### 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 TO THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Guidelines, Knee.

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

Chapter, and the Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature "Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis".

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In the reports reviewed, there is no documentation that the patient has a diagnosis of an arthritic condition. In addition, it is not noted that the patient has tried conservative treatments such as exercise, NSAIDs, or acetaminophen. Furthermore, there is no documentation that an X-ray has been performed in order to confirm that the patient has arthritis. Therefore, the request for Series Of 5 Supartz Injections To The Right Knee is not medically necessary.