

<b>Case Number:</b>	CM14-0135280		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a 55-year-old female with a date of injury of 12/18/12. Mechanism of injury is not discussed in submitted reports. The patient has a history of left knee injury and was found to have a meniscus tear. The patient had arthroscopic meniscectomy surgery and was noted to have grade 3 osteoarthritis of the medial compartment during surgery. 6 months post-op, the patient was still symptomatic with a warm effusion and crepitus on exam. The patient has failed other treatments, including PT, NSAIDS and corticosteroid injections. However, the patient's symptoms are intermittent, and she is able to do most her work without difficulty. She is also noted to have been able to ride a bike for 6 miles with little, if any pain. This was submitted to Utilization Review on 8/11/14 and was not recommended for certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of three Supartz injections for 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 Index, 11th edition (web), 2014, Knee, Hyaluronic acid injections.

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

**Decision rationale:** ODG, which states that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Documentation must reflect significantly symptomatic osteoarthritis that has not responded to conservative non-pharmacologic and pharmacologic therapies. ACR criteria to establish symptomatic and severe osteoarthritis include at least 5 of the following: 1) Bony enlargement; 2) Bony tenderness; 3) Crepitus; 4) ESR < 40 mm/hr; 5) Less than 30 minutes of morning stiffness, 6) No palpable warmth of synovium; 7) Over 50 years old; 8) Rheumatoid factor less than 1:40, and 9) Synovial fluid signs. Other criteria include pain affecting functional activity, failure to respond to aspiration/injection, performed without fluoroscopy or ultrasound, not candidates for TKR, failed prior knee surgery. In this case, though the patient has medial compartment arthritis, I only see 2 ACR criteria. In addition, the patient's symptoms are intermittent, and she is able to do most her work without difficulty. She is also noted to have been able to ride a bike for 6 miles with little, if any pain. I would not consider that "significantly symptomatic". Medical necessity for series of 3 Supartz injections to the left knee is not medically necessary.