

<b>Case Number:</b>	CM14-0150555		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 37 year old male with a date of injury on 6/13/2012. The mechanism of injury was not documented. He underwent right knee complete synovectomy of the medial and lateral compartments on 4/01/13. Records indicated the increasing right lateral knee pain over the past few months that did not respond to anti-inflammatory medication and knee brace. He did not tolerate return to work for more than one week. The 7/25/14 right knee magnetic resonance imaging (MRI) impression documented no meniscal tear, unchanged degeneration of the lateral meniscus anterior root ligament. There was non-specific mild marrow edema at the posterior aspect of the lateral tibial plateau that may reflect stress change. There was focal low-grade chondral fissuring of the medial femoral condyle anterior/mid weight bearing surface. The 8/12/14 treating physician cited persistent grade 4/10 knee pain. He had trouble going up and down stairs, squatting, and kneeling. Periodic injections reportedly helped. Physical exam documented right knee range of motion 0-120 degrees with crepitus, lateral joint line tenderness, and stable ligamentous exam. Circumference measurements were equal bilaterally at the quadriceps and knee joint. Lower extremity sensation, strength, and deep tendon reflexes were within normal limits. Magnetic resonance imaging (MRI) findings showed diffuse chondromalacia. Authorization was requested for a trial of Supartz injections. The 8/18/14 utilization review denied the request for Supartz injections as there was no documentation that the injured worker had not responded adequately to standard non-pharmacologic and pharmacologic treatments, or was intolerant of these therapies. There were no signs of chondromalacia or documented evidence of osteoarthritis of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Supartz Injections times 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, 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 and Leg, Hyaluronic acid injections

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for injured workers who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. Guideline criteria have not been met. There is no imaging or radiographic evidence documented of osteoarthritis; mild medial femoral condyle chondromalacia is noted. Evidence of a recent, reasonable and/or comprehensive non-pharmacologic and pharmacologic protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.