MAXIMUS Federal Services

| Case Number: | CM14-0156344 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 10/01/2010 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

## 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 Occupational Medicine 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:

Patient is a 54-year-old female who has submitted a claim for Pain in joint shoulder, s/p right shoulder surgery (06/18/08 and 06/2012) and left shoulder surgery (09/29/09); Plantar fibromatosis, bilateral; sprain/strain lumbar region; tear of the lateral cartilage or meniscus of knee, right, s/p arthroscopic partial right lateral meniscectomy, arthroscopic lateral compartment chondroplasty, arthroscopic patelo-femoral compartment chondroplasty, and arthroscopic right medial femoral condyle chondroplasty; and, osteoarthritis of the lower leg, associated with an industrial injury date of 10/01/10.Medical records from March to September 2014 were reviewed. Patient apparently sustained an injury while working in her capacity as a retail store clerk when while lifting the tail gate of a truck, it came loose and hit her on both knees and shin. Patient then had subsequent consults and is post surgery to the right knee last 05/23/14. Latest progress report of 09/10/14 notes patient had persistent bilateral knee pain. The right knee was claimed to have improved after surgery. However, the left knee still had continued weakness making it difficult for her to go up and down the stairs. She reports that her medications do help to reduce her pain allowing her to function with no noted side effects, but that she is no longer going to physical therapy treatments. 08/28/14 progress report likewise states that patient noted benefits after steroid injection to the right knee; however, there was no objective measures to assess improvement in pain and function noted in the submitted records. On physical examination, patient is noted to have an antalgic gait, right knee revealed a well-healed incision, with noted grinding, crepitus and decreased ROM. Examination of the left knee showed mild crepitus with full ROM. Negative for anterior/posterior drawer, McMurray's and lateral/medial collateral ligament stress test. There was normal muscle tone and no atrophy on both lower extremities. She is currently deemed permanent and stationary.Treatment to date has included surgery, physical therapy, steroid injection and medications (Hydrocodone, Protonix, Naproxen

sodium and Zanaflex).Utilization review date of 09/05/14 denied the request for 5 Supartz injections for the right knee because there was no indication that the patient has failed pharmacotherapy post-surgery. Likewise, there was no mention of functional response to PT, nor was there mention of the duration of pain relief following cortisone injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Five Supartz Injections For Right 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 Treatment In Workers' Compensation, Online Edition, Chapter: Knee and Leg (Acute and Chronic)

**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

**Decision rationale:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines state that viscosupplementation injections are recommended 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; or failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, patient is s/p right knee surgery with evidence of osteoarthritis in the lower extremity. Although patient had a trial of cortisone injection which she reports provided relief, there was no documentation of the duration of pain relief and improvement in functioning with its use in the submitted records for review. Furthermore, there was no evidence of failed pharmacologic and non-pharmacologic treatment and patient is no longer going to physical therapy. The guideline criteria have not been met. Therefore, the request for five Supartz injections to the right knee is not medically necessary.