

<b>Case Number:</b>	CM14-0174990		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 & 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 42 years old male with an injury date on 07/16/2014. Based on the 09/19/2014 progress report provided by [REDACTED], the diagnosis is: 1. Status post arthroscopy with meniscectomy. No evidence of any re-tear. According to this report, the patient complains of mainly medial-sided "pain in the right knee, difficulty walking, and he feels like his knee gives out." Physical exam reveals a well- healed arthroscopic scars on the right knee. Positive mild to moderate sized joint effusion. Tenderness is noted over the medial joint line. Anterior and posterior drawer test is negative, Collateral ligaments are stable. Alignment is slightly varus when stand. MRI of the right knee on 08/21/2013 reveals evidence of prior medial meniscectomy and medial femoral condyle moderate chondral thinning centrally. There were no other significant findings noted on this report. The utilization review denied the request on 10/02/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 09/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz Injections for the Right Knee x:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter under hyaluronic acid injections (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>)

**Decision rationale:** According to the 09/19/2014 report by [REDACTED] this patient presents with "pain in the right knee, difficulty walking, and he feels like his knee gives out." The treater is requesting Supartz injection for the right knee. The utilization review denial letter states "The patient received viscosupplementation on two occasion in the spring 2014 with expressed subjective improvement but without objective quantification." For repeat Supartz injection, ODG guidelines state "If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series." In this case, review of report do not shows documentation of significant improvement in symptoms for 6 months or more with prior injection. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.

**Unloader brace for the Right Knee for purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** According to the 09/19/2014 report by [REDACTED] this patient presents with "pain in the right knee, difficulty walking, and he feels like his knee gives out." The treater is requesting unloader brace for the right knee for purchase. ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing is much broader. Meniscal cartilage repair is one of the criteria for knee bracing. Given the patient's history of knee surgery with meniscectomy, the request is medically necessary.