

<b>Case Number:</b>	CM14-0021498		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 23-year-old male stockroom associate sustained an industrial injury 3/30/12. Injury occurred when he was carrying a 50-60 pound box around a corner, and his left knee snapped and gave way. Past medical history was positive for right knee arthroscopic lateral meniscectomy in 2007. The 4/30/12 left knee MRI impression documented medial meniscus degeneration without discrete tear. The 1/3/13 left knee x-rays demonstrated well-preserved joint spaces, good patellofemoral relationship, no loose bodies, no heterotopic calcifications, and no acute fractures. Left knee x-rays on 6/6/13 were within normal limits. He underwent left knee arthroscopy with partial medial meniscectomy on 9/4/13. The operative report findings documented no chondromalacia in the patellofemoral, medial or lateral compartments. The 12/31/13 treating physician report indicated the left knee was painful with long walks or going up/down stairs. There was generalized pain not improving. Anti-inflammatory medications were not helping. Exam findings noted crepitance and functional range of motion. The diagnosis was chondromalacia, chondromalacia patella. A left knee corticosteroid injection was provided. The 1/6/14 progress report stated the patient had pain following the cortisone injection and required more Norco. There was no effusion. Supartz x 5 was recommended. The 1/31/14 utilization review denied the request for Supartz injections as there was no diagnosed osteoarthritis and a lack of hard exam findings for a condition likely to respond to viscosupplementation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE - SUPARTZ INJECTION X5 UNDER ULTRASOUND GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines KNEE AND LEG TREATMENT.

**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:** Under consideration is a request for left knee Supartz injection x5 under ultrasound guidance. The California MTUS guidelines do not provide recommendations for viscosupplementation in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients 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. Guidelines state these injections generally performed without fluoroscopic or ultrasound guidance. Guideline criteria have not been met. There is no radiographic or arthroscopic findings of osteoarthritis documented in the medical records. Therefore, this request for left knee Supartz injection x5 under ultrasound guidance is not medically necessary.