

<b>Case Number:</b>	CM14-0031085		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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, has a subspecialty in Pain Management, 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 48-year-old with an injury date on May 10, 2012. Patient complains of persistent right knee pain rated 3-4/10, that is dull, throbbing and localized anteriorly and medially. Patient states that medications are helping with pain in February 11, 2014 report. The January 14, 2014 report states patient has failed conservative treatment, including prior cortisone injections. Based on the February 11, 2014 progress report provided by [REDACTED] the diagnoses are right knee OCD lesion and status-post arthroscopy for partial meniscectomy, persistent pain. Exam of right knee on February 11, 2014 showed skin intact. Surgical scars well healed. Range of motion: flexion at 120 degrees with moderate discomfort. Extension at 0 degrees. Tenderness to palpation over medial compartment. Slightly tender over patellofemoral joint as well. Negative lachman, negative posterior drawer, negative pivotal shift. Sensation is intact globally in lower extremities. [REDACTED] is requesting supartz injection for the right knee times three. The utilization review determination being challenged is dated February 25, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from Octoebr 8, 2013 to March 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three Supartz injections for the right knee:** 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 ODG-TWC guideline has the following regarding hyaluronic acid injections:(<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>).

**Decision rationale:** This patient presents with right knee pain and is s/p right knee meniscectomy of unspecified date. The treater has asked for supartz injection for the right knee times three on February 11, 2014 one per week for three weeks for mild DJD (degenerative joint disease) and findings of OCD lesion measuring 10mm x 6mm from the MRI dated Octoebr 24, 2013, which are symptoms of early arthritis. Review of the report show no prior Synvisc injections had been done on this patient. Regarding hyaluronic acid injections, ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs [non-steroidal anti-inflammatory drugs] or acetaminophen), to potentially delay total knee replacement. In this case, the treater has requested 3 Synvisc injections for the right knee, which would be appropriate if the patient presented with severe osteoarthritis. However, the treater documents only early and mild osteoarthritis and viscosupplementation would not be supported. The request for three Supartz injections for the right knee is not medically necessary or appropriate.