

<b>Case Number:</b>	CM14-0038380		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Rehab, 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:

This is a 44-year-old male with a 12/31/2012 date of injury. A specific mechanism of injury was not described. 3/26/14 determination was non-certified given that osteoarthritis does not appear to be significantly symptomatic and pan does not appear to interfere with functional activities. 1/30/14 exam revealed that the patient continued to work with physical therapy. Left knee demonstrates patella tilt to approximately 30 degrees. There was mild quadriceps atrophy and mild effusion. Patella tilt was excellent. The patient was advised to begin working on a stationary bike with high resistance, and decrease in therapy was also recommended. 12/12/13 left knee pain. The patient is s/p left knee microfracture of the patella and lateral tibial plateau and lateral release. He states he is doing well but continues to have some swelling and mild pain. Exam revealed left knee patella tilt to approximately 30 degrees. There was mild quadriceps atrophy and mild effusion. The provider stated that the patient was approximately 2.5 months out from his left knee surgery as is recommending that he be considered for visco supplementation in the form of Supartz due to the significant articular cartilage damage that was found at the time of the surgery. The patient was instructed at that time to continue CPM, medication, and home stretching exercise. 10/22/13 operative report postoperative diagnoses include grade 4 articular cartilage loss of the patella, grade 3 articular cartilage loss of the lateral trochlea, and grade 4 articular loss of the lateral tibial plateau, lateral meniscus tear, medial meniscus tear, and tight lateral retinaculum and patellar tracking abnormality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz Injections times three, left 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 (ODG), Knee & Leg Chapter, Criteria for 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 Chapter.

**Decision rationale:** ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. The patient had a recent left knee microfracture and apparently was doing well. The patient was apparently progressing appropriately in therapy and was recommended to progress to a stationary bike with high resistance and a decrease in therapy sessions. There was no clear indication for the necessity of the requested injections. There were no rationale identifying that the injections were intended in an effort to delay knee replacement or that the patient's symptoms have increased with failure of conservative treatment. The medical necessity for the request was not substantiated.