

<b>Case Number:</b>	CM14-0038604		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/08/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/25/2014
<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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 65 year old male who sustained a work related injury on 6/8/2005 as result of a fall down 15 to 25 steps of stairs carrying two big long file boxes leading to injuries to his neck, left shoulder, low back and left upper extremity. Since then he has continuous bilateral knee, left shoulder and lower back pain. According to his most recent progress report dated 3/12/2014, the patient reports his knees are very stiff in the morning and that their current state of range of motion (ROM) limits his activities. On physical examination the patient favors his left lower extremity, has 10 to 125 degrees of right knee ROM and 10 to 90 degrees of left knee ROM, a positive straight leg raise bilaterally, tenderness to palpation of the cervical and lumbar spine and bilateral knee joint-line tenderness. An MRI of the left knee, dated 11/20/2014, identifies tricompartmental joint degeneration with cartilage loss form lateral femorotibial compartment and patellofemoral compartment with osteophytes about each compartment. His previous treatment has consisted of Hyaluronic acid injections, aquatic therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) left Knee Supartz Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement as it is thought to restore synovial fluid viscoelasticity, which is depleted in patients with OA. A series of three to five injections of Supartz (hyaluronate) are recommended as an option for osteoarthritis. Patients whose management plan includes the use of Hyaluronic acid injections must meet the following criteria:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>);- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;- Generally performed without fluoroscopic or ultrasound guidance;- Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000)- Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above.- 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 (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Based upon the report dated May 1, 2013, the patient has been a candidate for total knee replacement since 2011 at the time of the reports filing and is documented as in need of such procedure as far back as March of 2008. The guidelines for use of viscosupplemental (Hyaluronic acid) agents clearly states that the patient Are not currently candidates for total knee replacement. As result of the patient's condition, the request is not medically necessary and appropriate.