

<b>Case Number:</b>	CM14-0047868		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/25/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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 injured worker is a 54-year-old male who reported an injury on 07/25/2002. The mechanism of injury is unknown. The injured worker is status post ACL reconstruction of bilateral knees in 2002. The injured worker complained of swelling and pain in the left knee. There was no measurable pain level documented. Physical examination dated 03/26/2014 revealed that the left knee had a minimal effusion, medial joint line tenderness, and patellofemoral tenderness medially. There was no motor strength or range of motion measurements documented. Diagnostics included an x-ray of the lumbar spine, 2 MRIs of the lumbar spine, MRI of the thoracic spine, CT myelogram, x-ray, MRI of the right wrist, NCV/EMG, CT of the abdomen and an NCV of the right S1 nerve root. There was an x-ray done of the left knee that showed significant medial joint space narrowing with arthritis. The injured worker has diagnoses of L3 compression fracture, ACL reconstruction, elbow arthroscopy, left ACL reconstruction, L2-3 with 360 degrees fusion, right carpal tunnel syndrome, right medial epicondylitis, right medial epicondylectomy, arachnoiditis to the L2-3 to L5-S1, right carpal tunnel release, right medial meniscal tear, left knee arthroscopy, spinal cord stimulator, reposition of the spinal cord stimulator, right wrist arthroscopy, lumbar laminectomy, discectomy and foraminotomy, removal of spinal cord stimulator, partial fusion of the S1 joints, possible AVN left femoral head and left knee arthritis. Past medical treatment includes cortisone injections and medication therapy. Medications include oxycodone HCL oral tablet 15 mg 1 tablet 3 times a day as needed and Lunesta oral tablet 3 mg 1 at bedtime. Current treatment plan is for the Supartz injection to the left knee. The rationale is to maximize and maintain optimal physical activity and function of the injured worker as well as reducing subjective pain intensity. The Request for Authorization Form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Supartz Injections to the Left 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 Official Disability Guidelines (ODG) Knee, Supartz injection (Hyaluronic injections).

**Decision rationale:** The injured worker is status post ACL reconstruction of bilateral knees in 2002. The injured worker complained of swelling and pain in the left knee. There was no measurable pain level documented. ODG guidelines recommend hyaluronan (Supartz) injections 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, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, Chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Guidelines also state that there should be documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. If pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. The submitted report lacked evidence of failure of conservative care, such as exercise, NSAIDS or acetaminophen. The submitted report lacked the knee range of motion, motor strength, or pain levels on the injured worker's knees. There was a lack of objective functional deficits the injured worker is experiencing. The number of injections was not provided in the request as submitted. As such, the request is not medically necessary.