

<b>Case Number:</b>	CM14-0078640		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 female who injured her bilateral knees on the 03/17/12. The injury is reported as a work related injury. The recent progress report provided, dated, April 29, 2014, reports that the injured worker is doing worse in regards to both right and left knee. She has previously had two arthroscopies, first in June 2012 and the other in August 2013. She reports that the discomfort continues in both knees from the initial contusion from March 2012. MRI of the left knee dated 05/03/12 reportedly revealed cleavage tear of the anterior horn of the lateral meniscus, associated with 15x17mm anterior meniscal cyst; horizontal cleavage tear of the posterior horn and body of the medial meniscus; mild chondromalacia changes of the medial compartment of the knee. Physical examination of the right knee revealed gait pattern normal; full weight bearing; no suprapatellar swelling; able to fully squat without difficulty or pain; no lacerations, abrasions, puncture wounds, or skin breakdown, no ecchymosis or erythema, slight crepitus with range or motion; flexion 120 degrees, extension 0 degrees; positive patella femoral grind test and patellar apprehension test; no varus/valgus stress laxity; circumference measurements are equal bilaterally at the quadriceps and at the knee joint measured at the joint line; Physical examination of the left knee revealed gait pattern normal; full weight bearing on left lower extremity; no suprapatellar swelling; able to fully squat without difficulty or pain; left knee has healed surgical incision, slight crepitus; range of motion flexion 150 degrees, extension 0 degrees, positive patella femoreal grind test and patella apprehension test; slight tenderness to palpation over the medial joint line; negative Lachman's sign; sensation intact to light touch, pin prick and 2 point discrimination in all dermatomes in the bilateral lower extremities; motor strength 5/5 throughout the bilateral lower extremities; DTRs 2+throughout the bilateral lower extremities; Babinski's Hoffman's signs negative; negative clonus. The diagnoses reported were right knee contusion likely patellar chondral injury and left knee contusion with patella chondral

injury and prior partial medial meniscectomy with no evidence of re-tear. The injured worker was given Medrol DosePak and request made for Supartz Hyaluronale Injections x6 Right Knee x 3, Left Knee x 3). A prior review denied this request on the 05/14/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Supartz Hyaluronale Injections x6 Right Knee x 3, Left Knee x 3): Overturned**

**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 Chapter Official Disability Guidelines: Treatment Integrated Treatment/Disability Duration Guidelines Hyaluronic Acid Injections- Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections

**Decision rationale:** The Official Disability Guidelines (ODG) state that Hyaluronic injection for viscosupplementation are indicated for "documented symptomatic severe osteoarthritis", and outlines the 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). In this case, the injured worker does not meet the guidelines criteria; therefore, the request for Supartz Hyaluronale Injections, three to the right knee and three to the left knee is medically necessary and appropriate.