

<b>Case Number:</b>	CM14-0183420		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 51 year old male who sustained an industrial injury on 09/15/10. He was being treated for right knee pain. The progress note from 10/10/14 was reviewed. He had right knee pain. He had medial and lateral joint line tenderness with full extension of knee and flexion limited to 125 degrees and trace effusion. Assessment was right knee osteoarthritis. The request was for Supartz. The physical examination findings from 08/08/14 included 2+ Lachman, no effusion, large osteophytes and varus/valgus instability. Diagnoses included right knee chronic osteoarthritis, status post multiple meniscectomies and anterior cruciate ligament (ACL) reconstruction. An MRI of the right knee from 08/06/14 revealed ACL graft with suspected failure at the tibial attachment, chondromalacia of the medial lateral joint space compartments associated with degenerative disc disease (DDD) and chondromalacia patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injection to the right knee x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

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

**Decision rationale:** The employee was a 51 year old male who sustained an industrial injury on 09/15/10. He was being treated for right knee pain. The progress note from 10/10/14 was reviewed. He had right knee pain. He had medial and lateral joint line tenderness with full extension of knee and flexion limited to 125 degrees and trace effusion. Assessment was right knee osteoarthritis. The request was for Supartz. The physical examination findings from 08/08/14 included 2+ Lachman, no effusion, large osteophytes and varus/valgus instability. Diagnoses included right knee chronic osteoarthritis, status post multiple meniscectomies and ACL reconstruction. An MRI of the right knee from 08/06/14 revealed ACL graft with suspected failure at the tibial attachment, chondromalacia of the medial lateral joint space compartments associated with DDD and chondromalacia patella. According to ODG, hyaluronic acid injections like Supartz are recommended in symptomatic osteoarthritis that has not responded to conservative non pharmacologic treatment and pharmacologic treatments, after at least 3 months, in the setting of failure to adequately respond to aspiration and injection of intra-articular steroids and in patients who are not candidates for total knee replacement currently. The employee had no documentation of prior cortisone injections or other conservative treatment. Hence the request for Supartz is not medically necessary or appropriate.