

<b>Case Number:</b>	CM14-0030961		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 58 year-old male who was injured on 11/7/11 when walking and his foot went into a hole, pulling him forward and twisting and hyperextending his right knee. He complained of right knee and hip pain. He had several episodes of buckling and had fallen on two occasions in 2012, but he ambulated with less discomfort and limp but continued to have sensation of instability in the knee and intermittent swelling. On exam, he had a mild effusion and tenderness, stable patella and ligaments and limited extension due to pain. He was diagnosed with a right knee sprain, rule out internal derangement. A 2/2012 MRI showed very large effusion, grade III tear of posterior one-half of the medial meniscus, and severe chondromalacia of medial femoral condyle. He was then diagnosed with medial meniscus tear. He had right knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty of the patella, trochlea, and medial femoral condyle and lateral tibial plateau, excision of loose body from behind the lateral femoral condyle, and extensive multicompartement synovectomy on 5/8/12. His treatment included home exercise program with improvement in instability. In a 3/2013 note, he had returned to work without restrictions and "there is not anything he cannot do". He was deemed permanent and stationary. However in 2014, he developed more right knee pain but with some instability. His medication included Norco and Flexeril which he used for shoulder pain. He was diagnosed with degenerative joint disease and had a 2 degree valgus knee. He used a Neoprene brace which helped the instability and continued to exercise but was unable to work. A 10/2014 MRI fo the right knee showed large joint effusion, tibial subchondral lesions, degenerative changes in the medial joint compartment with joint space narrowing, osteochondral attenuation and tibial plateau subchondral erosion, and probable ganglion cyst measuring 1.2 cm posterior to the femoral shaft medially. The current request is for Supartz viscosupplementation of the right knee and right knee brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Supartz Injection Series into the right 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; Knee Complaints

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

**Decision rationale:** The request is not medically necessary. ODG guidelines were used as MTUS does not address the use of hyaluronic acid injections for the knee. The use of hyaluronic acid viscosupplementation is indicated for severe arthritis of the knee that has not responded to conservative treatment for at least 3 months. The patient had initial improvement of symptoms and was deemed stationary and permanent in 2012. However, in 2014, he re-developed pain and instability. The current measures used included medications but no physical therapy. He continued with home exercises. He had an MRI showing a large effusion and some degenerative changes but no indications requiring viscosupplementation. He did not have aspiration of the effusion or intra-articular steroids. As per ODG guidelines, Supartz injections series was not medically necessary at this time.

### **Right Knee Unloader Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, Chapter knee, braces

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient does suffer from instability which was improved with a Neoprene brace. One exam, there was no document of instability and an MRI did show ACL or MCL tear. It is unlikely that a right knee unloader brace would add more benefit than his neoprene brace. Therefore, the request is considered medically unnecessary.

