

<b>Case Number:</b>	CM15-0147359		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female with a March 1, 2014 date of injury. A progress note dated July 6, 2015 documents subjective complaints (moderate right lateral knee pain) objective findings (lateral joint line tenderness of the knee; incision well healed; full range of motion of the knee; medial McMurray's sign positive), and current diagnoses (osteoarthritis of the knee; lateral meniscus tear). Treatments to date have included non-steroidal anti-inflammatory drugs with slight improvement, knee injections, knee surgery, and magnetic resonance imaging of the knee (March 27, 2014; showed a complex tear of the lateral meniscus as well as chondral thinning). The treating physician documented a plan of care that included Supartz injections for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections, right knee #5:** 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 and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections.

**Decision rationale:** The patient was injured on 03/01/14 and presents with right knee pain, located on the lateral side. The request is for supartz injections to the right knee #5. The utilization review denial letter did not provide a rationale. The RFA is dated 07/10/15 and the patient is currently working full duty. Review of the reports provided does not indicate if the patient has had a prior Supartz injection to the right knee. MTUS Guidelines are silent on Orthovisc injections. ODG Guidelines, Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections state that they are "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, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states that the study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. The patient has lateral joint line tenderness of the knee and a positive medial McMurray's sign. She is diagnosed with osteoarthritis of the knee and lateral meniscus tear. Treatments to date include non-steroidal anti-inflammatory drugs with slight improvement, knee injections, and knee surgery. The 03/27/14 MRI of the knee showed a complex tear of the lateral meniscus as well as chondral thinning. Although the treater lists a diagnosis of osteoarthritis, the MRI findings of the knee do not reveal "severe" osteoarthritis. Therefore, the request IS NOT medically necessary.