

<b>Case Number:</b>	CM15-0181674		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 9-12-2012, resulting in pain or injury to the right knee. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain status post right knee partial lateral meniscectomy and arthroscopic plica excision on June 20, 2013, severe degenerative joint disease of the right knee, chronic pain, and myofascial pain. On 8-13-2015, the injured worker reported right knee pain and left knee pain. The Primary Treating Physician's report dated 8-13-2015, noted the injured worker reported right knee pain was about the same since her previous visit, with medications helpful, trying to stay active and walking daily. The injured worker rated her pain as 10 out of 10 on the visual analog scale (VAS) without medications and 8 out of 10 with medications. The physical examination was noted to show the injured worker with an antalgic gait, using a cane, with the right knee medial joint line moderately tender to palpation, right knee positive for crepitus with full extension and flexion with pain, intact sensation with exception of diminished on the right leg, and no laxity. The Physician noted the injured worker's right knee pain was tolerable with medications, advised to use ice 3-4 times a day, apply compression to the knee, and elevate to help with pain and swelling. The Physician noted a request for authorization for knee injections. The injured worker's work status was noted to be temporary totally disabled. The documentation provided noted the injured worker's prior treatments included physical therapy, right knee surgery in 2013, home exercise program (HEP), aspiration of the right knee, right knee Cortisone injection with 50% relief reported, Euflexxa injections to the right knee 1-2-2014 and 2-12-14, noted not to provide significant relief, bracing, and medications, including opioid and anti-inflammatory medications. The Treating Physician reported a right knee MRI dated May 19, 2014, showed extensive maceration and-or tear of the

anterior body and anterior horn of the lateral meniscus, extensive high grade chondromalacia and denuding of cartilage at the weight bearing surfaces of the lateral femoral condyle and lateral tibial plateau progressed since the previous exam, low grade chondromalacia at the weight bearing surface of the medial femoral condyle new from the previous exam, intermediate grade chondromalacia at the medial posterior patella, large knee joint effusion, mild edema at Hoff's fat pad, and low grade strain of the medial gastrocnemius tendon insertion. A request for authorization was submitted for Supartz knee injection to the right knee (series of 3). The Utilization Review (UR) dated 8-27-2015, non-certified Supartz knee injection to the right knee (series of 3).

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

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

#### **Supartz knee injection to the right knee (series of 3): 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 chapter, Hyaluronic Acid injections.

**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, pages 311-313.

**Decision rationale:** Review indicates the patient is s/p arthroscopic knee partial meniscectomy in June 2013. MRI of right knee in May 2014 showed meniscal tear and extensive high-grade chondromalacia. The patient is s/p Euflexxa injection series in 2014 without significant relief. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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. Submitted reports have not demonstrated clear supportive findings for the injection request nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Supartz knee injection to the right knee (series of 3) is not medically necessary and appropriate.