

<b>Case Number:</b>	CM15-0056366		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 was a 46 year old female, who sustained an industrial injury, April 1, 2014. The injured worker previously received the following treatments right knee x-ray, physical therapy, Tramadol, Hydrochloride, Hydrocodone, Omeprazole and Diclofenac. The injured worker was diagnosed with sprain/strain knee/leg, tear meniscus, contusion of knee, muscle spasms, sprain/strain shoulder, sprain/strain of hand and sprain/strain of wrist. According to progress note of February 9, 2015, the injured workers chief was right knee with moderate pain. The pain was aggravated by work activities, prolonged sitting and weight bearing. The physical exam noted no effusion, mass, induration, warmth or erythema with normal axial alignment. There was no crepitus or pain with range of motion. The right leg strength was 5 out of 5 and extension was 5 out of 5. There was tenderness of the inferior pole patella and patellar tendon tenderness and retropatellar grating and inhibition test was positive. Meniscal signs of the right knee with no medial joint line tenderness or lateral joint tenderness with a negative McMurray test. The treatment plan included series of 5 Supartz injections of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 5 (five) Supartz Injections to Right Knee, one per week: 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 Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

**Decision rationale:** Based on the 02/27/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The request is for Series of 5 (Five) Supartz Injections to Right Knee, One per week. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes slip and fall accident, sprain/strain of bilateral knees. Diagnosis on 02/27/15 included meniscus tear, and diagnosis on 02/09/15 included chondromalacia of patella, and patellofemoral pain syndrome. Physical examination to the right knee on 02/09/15 revealed inferior pole patella tenderness, and positive retropatellar grating and inhibition tests. Patient's medications include Diclofenac, Lansoprazole, Tramadol, Orphenadrine, and Lidopro ointment. The patient may return to modified work, per treater report dated 02/27/15. MTUS/ACOEM did not specifically discuss Supartz injections (hyaluronic acid injections). ODG guidelines were consulted. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "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. And: Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain)." ODG further states that this 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 were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Treater has not provided reason for the request. In this case, medical records provide no imaging or discussions that confirm "severe arthritis" to warrant synvisc injections. ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain, and is not recommended for patellofemoral pain. ODG states "there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)". Furthermore, there is no guideline support for the requested series of 5 injections. ODG states there is "no difference between 3 or 6 consecutive injections." This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.