

<b>Case Number:</b>	CM15-0083457		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 50 year old male who sustained an industrial injury on November 24, 2013. He reported an injury to his right knee during a fall. Previous treatment includes steroid injection, MRI of the knee and medications. An MRI of the knee on 2/7/2014 revealed a complex medial meniscal tear with evidence of collateral ligament injury. Currently the injured worker complains of an increase in chronic pain and that he had no lasting benefit from the steroid injection he had previously. Diagnoses associated with the request include closed fracture of the upper end of the tibia and chondromalacia of the patellae/knee osteoarthritis. The treatment plan includes steroid injection, viscosupplementation injections or a LTKA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation of the Right Knee, supartz (2.5 mil x 5 vials): 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 injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Hyaluronic acid injections.

**Decision rationale:** The patient was injured on 11/24/13 and presents with knee pain, joint pain, and joint stiffness. The request is for viscosupplementation of the right knee supartz (2.5 ml X 5 vials). There is no RFA provided and the patient's work status is not provided either. Review of the reports provided does not indicate if the patient had a prior viscosupplementation of the right knee. MTUS Guidelines are silent on Orthovisc injections. ODG Knee and Leg (acute and chronic) Guidelines state hyaluronic acid injections 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 is diagnosed with closed fracture of the upper end of tibia alone, encounter for long-term use of other medication, and chondromalacia patellae/knee OA. Range of motion of the right knee is restricted moderately, patellar grind test is positive, and there is tenderness to palpation along the medial joint line and patella. An MRI of the knee on 2/7/2014 revealed a complex medial meniscal tear with evidence of collateral ligament injury. The reason for the request is not provided. In this case, there is no case of "severe osteoarthritis" as required by ODG guidelines. The provided MRI findings do not discuss any significant arthritis, there is no documentation of any prior injections, and there is no documentation of the patient failing the use of NSAIDs or any form of exercise. The request is not medically necessary.