

<b>Case Number:</b>	CM15-0085566		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/03/2000
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 49 year old female, who sustained an industrial injury on April 3, 2000, incurring low back and left knee injuries. She was diagnosed with lumbosacral disc disease and knee enthesopathy. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, antidepressants, antianxiety medications, transcutaneous electrical stimulation unit, knee injections and work restrictions and modifications. She underwent a lumbosacral interbody fusion. Currently, the injured worker complained of persistent back pain and left knee pain and numbness extending into her foot. She reported muscle spasms of her legs worse at night. Upon examination she was noted to have limited range of motion of her lower back and left leg. The treatment plan that was requested for authorization included five Supartz injections to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **5 Supartz injections to the left 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 and Leg (Acute & Chronic), 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 04/13/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post 5 back surgeries. The request is for 5 SUPARTZ INJECTIONS TO THE LEFT KNEE. RFA with the request not provided. Patient's diagnosis on 05/11/15 includes knee enthesopathy NOS. Physical examination of the left knee revealed painful range of motion with flexion restricted beyond 90 degrees, and crepitation. Patient's medications include Prilosec, Naproxen, Gabapentin, Percocet, Xanax, Ambien, Saphris, Cymbalta, Hydrochlorothiazide and Oxycontin. Treatment to date has included TENS, home exercise program, knee injections, medications, and work restrictions and modifications. The patient is permanent and stationary, under future medical, per 04/13/15 report. 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. Per 04/13/15 report, treater states "left knee pain back to baseline s/p Supartz injections from 12/2013 and has seemed to be worsening causing more falling episodes. We will request Supartz injections x 5 in the left knee." ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain. In this case, medical records provide no imaging or discussions that confirm "severe arthritis" for which synvisc injections are indicated. Furthermore, ODG guidelines allow for repeat injections if prior injections led to significant improvement in symptoms for 6 months or more. In this case, treater has not documented functional benefit or efficacy of prior injections to warrant repeat procedure. In addition, 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.