

<b>Case Number:</b>	CM14-0136411		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/10/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old male with a reported date of injury on 04/10/2010. His diagnoses were noted to include osteoarthritis of the medial compartment of the left knee. His previous treatments were noted to include Synvisc injections, Supartz injections, surgery, and physical therapy. The progress note, dated 04/23/2014, revealed complaints of pain, swelling, and soreness to the knee joint area. The injured worker denied locking, catching, or giving way, but had intermittent flare ups of the knee, mild to moderate in nature. The physical examination revealed no obvious effusion or synovitis, but discomfort on the extremes of flexion and extension of the knee joint. There was mild to moderate varus deformity which had been progressive since the time of the initial representation with a negative McMurray. The provider indicated the injured worker had a prior use of Synvisc which provided excellent help regarding strength, pain, function, motion of the knee, and was requesting a repeat injection of Supartz. The progress note, dated 07/23/2014, revealed complaints of recurrent flare ups, soreness, swelling, and catching. The physical examination revealed small effusion, synovitis, and generalized warmth. Most of the pain was localized to the medial compartment of the knee. The injured worker had full extension, full flexion, with pain on extremes of motion. The provider indicated the injured worker was not a candidate for steroid injections. The provider indicated the injured worker was a candidate for a total knee replacement. The provider was attempting to prolong the life of his knee as best as possible by requesting 5 Supartz injections to the knee to provide pain relief, improve quality of life, and prolong the lifespan of the knee replacement. The Request for Authorization form was not submitted within the medical records. The request was for series of 5 Supartz injections to the left knee to provide pain relief, improve quality of life, and prolong the lifespan of the knee replacement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 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 (ODG) Knee & 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 (ODG), Knee and Leg, Hyaluronic Acid Injections

**Decision rationale:** The request for series of 5 Supartz injections to the left knee is not medically necessary. The injured worker has had previous Supartz injections. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, such as exercise, NSAIDs, or acetaminophen, to potentially delay total replacement, but in recent quality studies, the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions included patellofemoral arthritis, chondromalacia patella, osteochondritis dissecans, or patellofemoral syndrome. The guidelines criteria for hyaluronic acid injections is patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. There must documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and over 50 years of age. The pain must interfere with functional activities and not be attributed to other forms of joint disease, there must be failure to adequately respond to aspiration injection of intra-articular steroids, and generally performed without fluoroscopic or ultrasound guidance. The injured worker must not be currently being a candidate for total knee replacement or have failed previous knee surgery for arthritis, unless younger patients wanting to delay total knee replacement. In regards to repeat series of injections, if documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. There is a lack of documentation regarding improvement functional status with previous Supartz injections, as well as the dates and length of time of the injections' efficacy. The guidelines state injections are for injured workers who are not currently candidates for total knee replacement, and the documentation provided indicated the injured worker was a candidate for a total knee replacement. There is a lack of documentation regarding symptomatic severe osteoarthritis with bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of the synovium. Therefore, the request is not medically necessary.