

<b>Case Number:</b>	CM14-0149688		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/10/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 64-year-old male who has submitted a claim for degenerative joint disease, left knee associated with an industrial injury date of 04/10/2010. Medical records from 08/18/2010 to 07/23/2014 were reviewed and showed that patient complained of left knee pain. Physical examination revealed no effusion or synovitis, pain with end ROM, mild to moderate varus deformity, and negative McMurray's sign. MRI of the left knee dated 06/18/2010 revealed medial and lateral meniscus tear, small to moderate joint effusion with joint loose body, and trochlear groove osteochondral lesions. X-ray of the left knee revealed medial joint line narrowing. Treatment to date has included arthroscopic debridement of the left knee (12/2010), unspecified Supartz injections, physical therapy, ice application, and pain medications. Of note, patient reported pain relief with previous Synvisc injections. There was no documentation of functional outcome with pain medications. There was no discussion of previous aspiration or intra-articular steroid injections. Utilization review dated 09/04/2014 denied the request for Series of 5 Supartz Injections to The Left Knee per RFA Dated 07/24/2014 because there was insufficient information on the recent treatment of the patient's left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reconsideration Series of 5 Supartz Injections to The Left Knee per RFA Dated 07/24/2014**  
Qty: 5: 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 and Leg

**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

**Decision rationale:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; failure to adequately respond to aspiration and injection of intra-articular steroid. In this case, the patient had previous unspecified Supartz injections that provided relief. However, there was insufficient documentation of pharmacologic trial and outcome to support Supartz injection. There was also no documentation of aspiration and intra-articular steroid injection. The medical necessity cannot be established due to insufficient information. Therefore, the request for Reconsideration Series of 5 Supartz Injections to The Left Knee per RFA Dated 07/24/2014 Qty: 5 is not medically necessary.