

<b>Case Number:</b>	CM14-0180131		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 6/20/12. She was diagnosed with lumbar strain with multiple disc protrusions, lumbar radiculitis, lumbar spinal stenosis, left knee partial cruciate ligament tear and meniscal tear, and left knee internal derangement. She was treated with medications, left knee arthroscopy/partial meniscectomy and repair of anterior cruciate ligament tear, lumbar epidural injection, activity modification, and physical therapy. On 9/19/14, the worker was seen by her primary treating physician reporting her chronic low back pain and chronic left knee pain collectively rated at 7/10 on the pain scale. She reported not currently working at the time. Physical findings included decreased range of motion and tenderness over the medial and lateral joint lines of the left knee. Also, there was a positive McMurray's sign and crepitus with range of motion passively of the left knee. She was then recommended protein-rich plasma injections to the left knee as well as a series of 5 Supartz injections to the left knee based on the most recent MRI findings which showed osteophytes and 1.3 cm full-thickness chondral defect of the central and lateral trochlear articular cartilage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz Injection:** Overturned

**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, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99-100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg section, Hyaluronic acid injections

**Decision rationale:** The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there seems to be some signs of osteoarthritis in the left knee, however, it appears that based on MRI as well as subjective and physical findings, there it would be considered moderate to severe osteoarthritis. Since this therapy is low risk and may provide some relief, the request for Supartz injections are medically necessary.

**Protein Rich Plasma Injection (Back and 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 and Low Back chapters.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy, Page(s): 99-100.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that all types of prolotherapy are not recommended at this time as it is still under study. Prolotherapy injections use proliferatives such as growth factors and may include other ingredients such as zinc sulfate, psyllium seed oil, dextrose, glycerine, and phenol. Some studies so far suggest that prolotherapy does not significantly exceed placebo effects in the treatment of arthritis, degenerative disc disease, fibromyalgia, tendinitis, plantar fasciitis, and other conditions, whereas other studies show some benefit, however, further studies are required. In the case of this worker, she was recommended protein rich plasma injection for her left knee pain. Due to this therapy not being ready for recommendation due to lack of high quality studies and consistent methodology and ingredients in the injections, the request for Protein-Rich Plasma Injection is not medically necessary.