

<b>Case Number:</b>	CM15-0017653		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 35-year-old [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 20, 2015, the claims administrator denied a request for viscosupplementation (Supartz) injections to the knee. The claims administrator noted that the applicant had undergone earlier knee arthroscopy, synovectomy, and chondroplasty on December 18, 2013. The claims administrator referenced a December 15, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 16, 2014, the applicant reported persistent complaints of knee pain. The applicant apparently received a previous injection of some kind. The applicant has difficulty performing standing, walking, kneeling, bending, and squatting activities. The applicant was given diagnoses of knee chondromalacia and knee synovitis. Viscosupplementation injections to the knee were endorsed. It was suggested (but not clearly stated) the request for viscosupplementation injections represented a first-time request for viscosupplementation injections following earlier knee corticosteroid injection therapy. In an August 5, 2014 progress note, the applicant was described as having persistent complaints of knee pain. The applicant was not working. Ancillary complaints of low back pain were noted. The applicant had reportedly received earlier knee corticosteroid injection therapy. The applicant was on Naprosyn, Prilosec, Neurontin, Flexeril, and topical Terocin patches.

Permanent work restrictions were endorsed, again resulting in the applicant's removal from the workplace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Supartz Injection to the left knee X5: 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 & Leg, Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections Viscosupplementation Injections Viscosupplementation has been used for knee osteoarthritis (15, 1253, 1279-1296) and to treat pain after arthroscopy and meniscectomy.(1297) Similar to glucocorticosteroid injections, the purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention. (1280, 1287, 1298-1301) Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis.

**Decision rationale:** Yes, the request for viscosupplementation (Supartz) injections to the left knee was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the third edition ACOEM Guidelines Knee Chapter does acknowledge that viscosupplementation injections can be employed to treat moderate-to-severe knee osteoarthritis or to address post arthroscopy having meniscectomy knee pain. Here, the attending provider has suggested that the request for viscosupplementation (Supartz) injections to the knee represents a first-time request for knee viscosupplementation (Supartz) injection therapy after the applicant has already failed time, medication, physical therapy, earlier knee arthroscopy, corticosteroid injection therapy, etc. Moving forward with a trial of Supartz (viscosupplementation) injections, thus, was indicated here on or around the date in question. Therefore, the request was medically necessary.