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| <b>Case Number:</b>   | CM15-0110928 |                              |            |
| <b>Date Assigned:</b> | 06/17/2015   | <b>Date of Injury:</b>       | 12/09/2014 |
| <b>Decision Date:</b> | 07/17/2015   | <b>UR Denial Date:</b>       | 05/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: Family Practice

### 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 54 year old male, who sustained an industrial/work injury on 12/9/14. He reported initial complaints of neck, left knee, left wrist, and upper back pain. The injured worker was diagnosed as having cervical spondylosis and multiple level stenosis. Treatment to date has included medication, physical therapy, and cast/splinting of left wrist. MRI results were reported on 4/8/15 of the right knee that demonstrated chondrosis of patella with a constellation of findings indicating trochlear dysplasia, mild patellar tendinosis with partial thickness tearing. X- Rays results were reported on 12/9/14 and 12/16/14. Currently, the injured worker complains of continued neck, left hand/wrist, upper and mid back pain, and right knee pain that increased with attempt to kneel. Per the primary physician's orthopedic evaluation on 4/14/15 examination revealed normal gait, tenderness to palpation at the bilateral cervical paravertebral musculature, slight guarding, limited cervical range of motion is limited in all ranges, axial compression causes pain, Jackson's compression also produces localized pain, maximal compression produces pain in the cervical spine extending to the upper back. Sensory evaluation reveals diminished sensation along the lateral border of the forearm, extending distally to the thumb and forefinger, deep tendon reflexes are equal and active 2+ and biceps, triceps, and brachial radialis tendons, and motor testing was unremarkable. The requested treatments include Supartz injections to right knee, ultrasound guidance for injections, and physical therapy for cervical and knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections to right knee Qty: 3.00: 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 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) Chapter: Knee Section: Hyaluronic Acid Injections.

**Decision rationale:** The Official Disability Guidelines comment on the use of hyaluronic acid injections of the knee as a treatment modality. Supartz is a brand name of hyaluronic acid. The criteria for hyaluronic acid injections are as follows: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement; Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above; 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), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, there is no documentation to indicate that the patient has osteoarthritis of the knee; the primary criteria that would support the use of hyaluronic acid. The recurring diagnosis for this patient's knee condition is "knee contusion." Further, there is no evidence that the patient has received an intra-articular corticosteroid injection to the knee. Further, the request is for a series of 3 injections. As noted in the above cited guidelines, repeat injections are only based on evidence of 6 months or more of significant improvement. For these reasons, Supartz injections to the right knee X 3 is not considered as medically necessary.

**Ultrasound guidance for injections Qty: 3.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Hyaluronic Acid.

**Decision rationale:** The Official Disability Guidelines comment on the use of hyaluronic acid as a treatment modality for knee complaints. As noted above, the patient did not meet these criteria for the use of hyaluronic acid. Further, the Official Disability Guidelines comment on the need for ultrasound guidance for injections of hyaluronic acid. The guidelines state the following:- Generally performed without fluoroscopic or ultrasound guidance. In summary, the patient does not meet the above cited guidelines for the use of intra-articular hyaluronic acid injections. Further, these injections are generally performed without fluoroscopic or ultrasound guidance. For these reasons, ultrasound guidance for injections (of hyaluronic acid) is not medically necessary.

**Physical Therapy for cervical and knee Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. These guidelines state that in general physical therapy is a recommended treatment modality. However, the guidelines state that a physical therapy program should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) and included an active self-directed home exercise program. The MTUS guidelines also comment on the recommended number of visits for different conditions. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the records indicate that the patient has already received approximately 23 physical therapy visits. Under these conditions, it would be expected that the patient should already be engaged in a self-directed home exercise program. There is no evidence in the medical records to indicate why the patient is unable to participate in a home exercise program. Further, there is no documentation in the record to justify the need to exceed the total number of visits as recommended by the above cited MTUS guidelines. For these reasons, physical therapy for cervical and knee X 6 is not considered as medically necessary.