

<b>Case Number:</b>	CM15-0095640		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on 1/7/14. Initial complaints were not reviewed. The injured worker was diagnosed as having status post trauma with persistent low back pain; bilateral knee mild degenerative joint disease. Treatment to date has included physical therapy; medications. Diagnostics included X-ray left and right knee (7/24/14); MRI left knee without contrast (7/30/14); MRI right knee (7/30/14). Currently, the PR-2 notes dated 3/23/15 indicated the injured worker complains of lumbar spine, bilateral knee and bilateral ankle pain. She is in the office to review the results of a lumbar MRI and right knee MRI. She continues to have pain in the low back and right knee and ankle. She rates her lumbar spine pain as 6-7/10 frequent and same as before. She has already completed physical therapy and still on temporary disability. The pain is present with standing and walking and with range of motion. She is awaiting authorization of Supartz injection. She still takes anti-inflammatories as need for pain and has been using Kera-Tek analgesic gel. The pain is made better with rest and mediation; worse with standing and bending. The physical examination reveals diffuse lumbar paraspinal tenderness and spasm. She had 5/5 strength with bilateral hip flexion, quads, tibialis anterior, extensor hallicis longus, and gastroc-soleus. Sensation was intact throughout with mild diffuse pain in the right knee along with popliteal fossa as well as mild medial and lateral pain and peripatellar pain. She has pain with patellar compression and no gross instability of the right knee. The left knee exam was same as right with mild peripatellar tenderness and mild posterior popliteal tenderness. Range of motion was normal. MRI lumbar spine reveals relatively normal exam with only 1mm diffuse bulge with no nerve compression at L5-S1. The MRI of the right

knee 7/30/14 reveals a small Baker's cyst which is significant in size as well as some chondromalacia of the patella. Although not mentioned in this PR-2 note, the MRI left knee dated 7/30/14 was submitted with an impression of moderate chondromalacia In the patellofemoral compartment with subcortical degenerative reactive/cystic marrow changes; milder chondromalacia changes in the medial/lateral compartment; mild fraying inner free margins of medial meniscus; small joint effusion with mild synovitis; mild chronic sprain of proximal half of MCL. The provider has requested bilateral knee Supartz injection series of 5.

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

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

#### **Bilateral knee supartz injection series of 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** Current symptoms and objective findings are noted in the patella. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain) as in this patient. Submitted reports have not demonstrated clear supportive findings for the injection request nor failed conservative trials and corticosterone injections. The Bilateral knee supartz injection series of 5 is not medically necessary and appropriate.