

<b>Case Number:</b>	CM13-0047762		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Ohio and Texas. 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 55-year-old female who sustained an unspecified injury on May 21, 2012. The patient underwent an MRI of the left knee on August 21, 2012 which noted findings as tearing, diminution, subluxation/extrusion and fraying of the entire medial meniscus, large segmental high-grade partial thickness with medial femoral condyle weight-bearing articular cartilage loss with subchondral bone cyst, segmental moderate grade medial tibial plateau articular cartilage loss with subchondral marrow edema, medial compartment moderate joint space narrowing and large osteophyte formation all in keeping with osteoarthritis. The findings additionally noted chronic mild sprain of the medial collateral ligament and posterior mid tibial spine post micro-traumatic/ degenerative large bone cyst with surrounding marrow edema near the attachment of the posterior cruciate ligament, mild chronic sprain of the posterior cruciate ligament. The patient was evaluated on December 04, 2013 for complaints of neck, low back, right knee, left knee, and left elbow pain. The physical examination of the patient's knee revealed the patient to have medial joint line tenderness on her left knee and documented persistent pain and grinding. The treatment plan indicated Hyalgan injections to left knee with ultrasound guidance to avoid additional surgery. The documentation further indicated the patient was administered an intra-articular cortisone injection on that date

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 SUPARTZ INJECTIONS PERFORMED INTRA ARTICULARLY, DONE IN SERIES (1 INJECTION PER WEEK FOR 5 WEEKS) UNDER ULTRASOUND GUIDANCE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

**Decision rationale:** The California MTUS/ACOEM guidelines do not address Hyaluronic Acid Injections. The Official Disability Guidelines recommend the use of hyaluronic acid injections for patients experiencing significant, symptomatic osteoarthritis, but who have not responded adequately to recommended conservative non-pharmacological and pharmacological treatments, or are intolerant of those therapies. The documentation submitted for review indicated the patient had osteoarthritis of the left knee. However, the documentation submitted for review did not indicate the patient had not responded adequately to recommended conservative treatment. The guidelines additionally state hyaluronic acid injections are for patients when the pain interferes with functional activities. The documentation submitted for review did not indicate the patient's function was hindered due to the pain. The documentation submitted for review indicated that the patient's pain level was 2 to 3 out of 10. The guidelines state hyaluronic acid injections are for patients when there is failure to adequately respond to aspiration and injection of intra-articular steroids. The documentation submitted for review indicated that the patient underwent a cortisone injection on December 04, 2013. However, the documentation did not include a re-evaluation of the patient following the injection. Therefore, the use of hyaluronic acid injections is not supported. Furthermore, repeat injections are only supported if the patient has significant improvement in symptoms for six (6) months or more. Given the information submitted for review, the request for five (5) Supartz injections performed intra-articularly, one (1) injection per week for five (5) weeks, under ultrasound guidance is non-certified.