

<b>Case Number:</b>	CM14-0121756		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 58-year-old female who was reportedly injured on January 6, 2009. The mechanism of injury is noted as a slip and fall. The most recent progress note dated July 30, 2014, indicates that there are ongoing complaints of right shoulder and scapular pain. The physical examination demonstrated full range of motion of the right and left shoulder with mild tenderness at the lateral aspect of the left shoulder. A prior notes dated July 9, 2014 include complaints of bilateral knee pain. The physical examination on this date noted range of motion of both knees from 0 to 120 and medial joint line tenderness without an effusion. Diagnostic imaging studies are not available. Previous treatment includes oral medications. A request was made for five Supartz injections for the left and right knee and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient Supartz injections x 5 to left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG criteria for hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (electronically cited).

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records, documents plain radiographs and a diagnosis of mild knee osteoarthritis; however, there is no documentation that states that the injured employee has moderate to severe osteoarthritis of the knees. As such, this request for Supartz injections times five for the left knee is not medically necessary.

**outpatient Supartz injections x 5 to right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG criteria for hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (electronically cited).

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records, documents plain radiographs and a diagnosis of mild knee osteoarthritis; however, there is no documentation that states that the injured employee has moderate to severe osteoarthritis of the knees. As such, this request for Supartz injections times five for the right knee is not medically necessary.