

<b>Case Number:</b>	CM14-0122371		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/09/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 & 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 records, presented for review, indicate that this 59-year-old female was reportedly injured on April 9, 2011. The mechanism of injury was stated to be repetitive motion. The most recent progress note, dated July 21, 2014, indicated that there were ongoing complaints of bilateral knees pain. The physical examination demonstrated decreased bilateral knees range of motion and global tenderness about both knees. There was pain with patella femoral compression and crepitus with range of motion. Diagnostic imaging studies of the bilateral knees indicated minimal degenerative changes. Previous treatment included a right knee arthroscopy and to include a lateral and medial meniscectomy. A request had been made for a Supartz injection for the right knee and was not certified in the pre-authorization process on July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injection on right knee:** 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 and leg chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg, Hyaluronic Acid Injections, Updated October 7, 2014.

**Decision rationale:** According to the Official Disability Guidelines, hyaluronic acid injections such as Supartz are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. X-rays of the bilateral knees indicated minimal degenerative changes, which is not consistent with severe osteoarthritis. Considering this, this request for a Supartz injection for the right knee is not medically necessary.