

<b>Case Number:</b>	CM14-0134152		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal Medicine and is licensed to practice in California. 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 53 year old female who was injured on 09/16/08. The mechanism of injury is not described. The injured worker is status post right knee arthroscopy with partial meniscectomy, chondroplasty and extensive debridement performed on 02/13/13 and a "similar" left knee surgery performed on 12/04/13. The injured worker is diagnosed with osteoarthritis involving the lower leg and complains of bilateral knee pain, locking and swelling which is more significant on the left. Treatment has included physical therapy, medication management and Supartz injections. The last Supartz injections to the right knee were performed on 07/08/13 and the last Supartz injections to the left knee were performed in 03/2013. An evaluation for permanent disability rating dated 01/10/14 states the injured worker "underwent orthovisc injections to her knees without relief." Physical examination dated 07/21/14 reveals 5-10 genu valgus of the left knee with active range of motion greater than 120 and painless. No extension lag is noted. No tenderness, crepitation or effusion is noted. Special tests are negative for instability. Examination of the right knee reveals no genu valgus, varum of recurvatum, tenderness or palpable defects. Effusion is present in the right knee joint. Special tests do not reveal evidence of joint instability and range of motion is normal for age and body habitus. Sensory examination reveals no deficit. The treatment plan on this date includes a home exercise program with ice application and strengthening exercises and a Supartz injection series (1-5) to the bilateral knees. A request for a series of 5 Supartz injections is requested with ultrasound guidance. The request for the injections is approved by Utilization Review dated 07/30/14; however, the request for the ultrasound guidance is denied. This is an appeal request for a series of 5 Supartz injections with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spartz injections time five (5) with ultrasound guidance bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Lef (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 Chapter, Hyaluronic acid injections

**Decision rationale:** Per Official Disability Guidelines (ODG), criteria for the use of hyaluronic acid injections states that these injections are "generally performed without fluoroscopic or ultrasound guidance." Moreover, records indicate the injured worker has received Supartz injections to the bilateral knees previously. ODG states, "If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series." Records indicate the injured worker experienced no relief with previous injections of hyaluronic acid to the knees. As guidelines do not support the use of ultrasound guidance with the requested injections and positive responses to the previous injections are not revealed, the request for Supartz injections times five with ultrasound guidance is not medically necessary.