

<b>Case Number:</b>	CM14-0175036		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51 year old male with date of injury 1/30/2013. The mechanism of injury is stated as moving a heavy object with his leg. The patient has complained of bilateral knee pain since the date of injury. He has been treated with right knee arthroscopic lateral meniscectomy in 12/2012, hyaluronic acid injections right knee, acupuncture, TENS unit and medications. There are no radiographic reports included for review. Objective: full range of motion of the bilateral knees, tenderness to palpation over the medial joint line of the left knee. Diagnoses: pain in limb; pain in joint of lower leg. Treatment plan and request: Supartz injection for the left knee, QTY 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Supartz injection for the left knee, Qty: 1: 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): Knee Sections: Viscosupplementation Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**Decision rationale:** This 51 year old male has complained of bilateral knee pain since date of injury 1/30/2013. He has been treated with right knee arthroscopic lateral meniscectomy in

12/2012, hyaluronic acid injections right knee, acupuncture, TENS unit and medications. The current request is for Supartz injection for the left knee, Qty 1. Per the MTUS guideline cited above, Supartz injection for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, Supartz injection, Qty 1 is not indicated as medically necessary.