

<b>Case Number:</b>	CM14-0021988		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Illinois. 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 52-year-old female who reported an injury on 01/15/2014. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 04/18/2014 reported the injured worker complained of knee pain. The injured worker reported the pain as intermittent 50%. The injured worker described the pain as sharp, throbbing, burning, dull, and aching. The injured worker noted numbness over the right foot. The injured worker noted pain became worse with any activity or movement, bearing weight, bending forward, standing, and walking. The injured worker noted pain is better with application of cold and rest. The injured worker complained of right hand pain which was constant and the injured worker reported 90% to 100% of the time. The injured worker described the pain as sharp and throbbing. The injured worker noted the pain becomes worse with activity or movement. The injured worker noted there were no relieving factors and the pain was constant. The injured worker previously had a steroid injection in the knee and reports 50% pain relief lasting 2 weeks. Upon the physical examination, the provider noted cervical range of motion restricted with lateral rotation to 30 degrees. The provider noted tenderness to the hip joint over the greater trochanter and multiple trigger points over the iliotibial band. The provider noted restricted range of motion with flexion to the right knee, limited to 90 degrees due to pain. The provider also noted tenderness to palpation over the lateral joint line. The injured worker has diagnoses of osteoarthritis of the knee, lumbosacral facet arthropathy, myofascial pain syndrome, and trochanteric bursitis. The provider requested a series of 5 Supartz injections. The Request for Authorization was dated on 02/03/2013 and was submitted; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERIES OF 5 SUPARTZ INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** The injured worker complained of right knee pain which was intermittent about 50% of the time. The injured worker described the pain as sharp, burning, dull, and aching. The injured worker reported numbness over the right foot. The injured worker noted the pain becomes worse with activity or movement, bearing weight, bending forward, standing, and walking. The injured worker reported the pain is relieved with the application with cold and rest. The Official Disability Guidelines note hyaluronic acid injections are recommended as an option for osteoarthritis for patients who have not responded adequately to the recommended conservative treatments including exercise, Nonsteroidal anti-inflammatory drugs (NSAIDs), or acetaminophen, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The guidelines note documentation of symptomatic severe osteoarthritis of the knee, which include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and over the age of 50. There is a lack of clinical and objective findings indicating the functional deficit regarding the knee to support the request. There was a lack of imaging studies that would support the diagnosis of osteoarthritis of the knee. The request for injections was not clear as to what body part the injection was to go to. Therefore, the request for series of 5 Supartz injections is not medically necessary and appropriate.