

<b>Case Number:</b>	CM14-0160252		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male with a reported date of injury of 04/17/2014. The mechanism of injury was the result of a motor vehicle accident. The injured worker's diagnoses include bilateral knee osteoarthritis with industrial aggravation. An x-ray of the bilateral knees was performed on 06/18/2014 and noted to reveal varus alignment with bone on bone changes in the medial compartment and tricompartmental bone spurs, as well as evidence of bilateral bipartite patella. A clinical note dated 06/18/2014 indicated that the injured worker had complaints of continuous right knee pain rated 8/10 that increases with weight bearing activities. It was also noted that the injured worker had complaints of popping and clicking. A physical examination noted the injured worker ambulated with an antalgic gait favoring the left lower extremity. Range of motion of the right knee was measured at 130 degrees of flexion and 0 degrees of extension. McMurray's, varus stress test, and patellofemoral grind test were positive. Under the treatment plan, it was noted that the physician was recommended bilateral knee Supartz injections times 5 to help alleviate the injured worker's osteoarthritic symptoms and delay the need for knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections x 5 bilateral knees:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address this request. However, the Official Disability Guidelines state that hyaluronic acid injections may be recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacological and pharmacological treatments for at least 3 months. The guidelines also state that there should be documented evidence of symptomatic severe osteoarthritis of the knee that interferes with functional activity that has failed to adequately respond to aspiration or injection of intra-articular steroids. In addition, the guidelines continue to state that hyaluronic acid injections are not currently recommended for candidates of total knee replacement unless they are under the age of 50 years old and want to delay the need for total knee replacement. There was a lack of evidence provided within the documentation that the injured worker has significantly symptomatic osteoarthritis that has not responded adequately to conservative nonpharmacological treatment options such as physical therapy, aspiration, or injection of intra-articular steroids. In addition, the documentation indicated that the injections are being recommended to delay total knee replacement; however, due to the patient's age, these injections are not currently recommended for candidates for total knee replacement. Furthermore, this request includes injections for the bilateral knees; however, there were no symptomatology or objective exam findings for the left knee. Moreover, a request for 5 injections is not appropriate as it would not allow for assessment of the individual injections to measure efficacy prior to consideration for additional injections. Therefore, the request for Supartz injections times 5 to bilateral knees is not medically necessary.