

<b>Case Number:</b>	CM14-0193364		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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, has a subspecialty in Interventional Spine 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:

This is a 51 year old male with a work injury dated 08/21/2013. Progress notes dated from 07/03/2014 to 09/24/2014 indicate the patient was receiving conservative treatment for pain and stiffness in left knee. Diagnosis was medial meniscus tear, left knee. On 09/05/2014 the patient was administered an ultrasound guided steroid injection to left knee. The treater documented 3 days of 40% benefit. Progress report notes at the follow up visit on 09/24/2014, that the patient continued to have pain and stiffness in the knee, especially with walking long distances and going down stairs. Exam findings included non-antalgic independent gait with range of motion and strength "ok." Bilateral knees were negative for effusion, warmth, erythema and calf tenderness. There was positive crepitus with tenderness at patella-femoral joint. History included knee arthroscopy on 11/04/2013. This report is not in the submitted records. Medications were listed as ibuprofen and blood pressure medications. The patient was working full time with modified duties. The treater requested an ultrasound guided Supartz injection for the left knee on 10/23/2014. On 10/29/2014 utilization review determined the request was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided supartz injection for the left 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Hyaluronic acid injection

**Decision rationale:** This patient presents with continued pain and stiffness in the left knee, especially with walking long distances and going down stairs. This is a request for Ultrasound guided Supartz injection for the left knee. ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG guidelines under its knee chapter, recommends Hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. There are no imaging of the knee provided in the medical file. In this case, this patient does not present with severe osteoarthritis as required by ODG for Hyaluronic injections. This request is not medically necessary.