

<b>Case Number:</b>	CM14-0030664		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 47-year-old male, who sustained an industrial injury on 10/10/02. He has reported pain in the back and right shoulder. The diagnoses have included multilevel lumbar disc herniation and right shoulder rotator cuff syndrome. Treatment to date has included x-ray and oral medications. As of the PR2 dated 11/14/13, the injured worker reports pain in the back and right shoulder. He indicated that oral pain medications reduce pain from 7/10 to 3/10. The treating physician noted limited range of motion in the right shoulder. The treating physician requested a series of 5 Supartz injections for the right knee. There are no other progress notes or diagnostic studies in the case file. On 2/25/14 Utilization Review non-certified a request for a series of 5 Supartz injection for the right knee. The utilization review physician cited the ACOEM guidelines. On 3/5/14, the injured worker submitted an application for IMR for review of a series of 5 Supartz injections for the right knee.

### 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 for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

**Decision rationale:** MTUS is silent regarding the use of Supartz injections. While ACOEM guidelines do not specifically mention guidelines for Supartz injections, it does state that Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent Intra-articular infection. ODG recommends as guideline for Hyaluronic acid injections Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Failure to adequately respond to aspiration and injection of intra-articular steroids. ODG states that This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. Additionally, ODG states that Hyaluronic acid injections generally performed without fluoroscopic or ultrasound guidance. The medical documentation provided does not indicate subjective or objective complaints of knee pain. The treating physician has not provided rationale behind this request. As such, the request for Series of 5 Supartz injections right knee is not medically necessary.