

<b>Case Number:</b>	CM15-0109007		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 was a 64-year-old male, who sustained an industrial injury, November 8, 2013. The injury was sustained when the injured worker was walking on a metal plate, slipped and fell. The metal plate was covering a hole in the ground, next to the metal plate was another hole in the concrete that was normally had grating over the top of it, but the grating was off the hole and the injured worker fell 7-8 feet into the hole. The injured worker previously received the following treatments physical therapy for the left shoulder and right knee, left shoulder MRI, right knee MRI and Ibuprofen. The injured worker was diagnosed with diabetic, left shoulder rotator cuff rupture, status post left shoulder arthroscopic surgery, right knee strain/sprain, right knee anterior cruciate ligament tear, right knee arthroscopic surgery which showed anterior cruciate ligament tear and medial meniscus tear. According to progress note of April 28, 2015, the injured workers chief complaint was left shoulder pain, low back pain with radiation of pain into the hips and right lower extremity down to the ankle with associated tingling and numbness down the right lower extremity above the ankle level and right knee pain. Prolonged standing, prolonged sitting and then going to a standing position, going up and down stairs, squatting, stooping and kneeling activities, aggravated the right knee. The injured worker noted locking and giving way of the right knee. The cold weather aggravated the pain. The injured worker rated the pain at 6 out of 10. The physical exam noted the injured worker was wearing a supportive device on the right knee. There was tenderness at the medial joint line and pes tenderness on the right. There was subpatellar crepitation with range of motion. The pivot shift test was positive on the

right. The Lachman's test was grade II on the right. The treatment plan included 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:

#### **Supartz injections to the right knee, #3: 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for Supartz #3, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. ODG also states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Within the documentation available for review, there is no documentation of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. As such, the currently requested Supartz injection #3 for the knee is not medically necessary.