

<b>Case Number:</b>	CM15-0134734		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/31/2006
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

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:

This 59 year old male sustained an industrial injury to the knee and shoulder on 8/31/06. Documentation did not disclose previous treatment or magnetic resonance imaging. In a PR-2 dated 6/17/15, the injured worker reported that his knee was still doing okay; however the injured worker had felt pain and swelling in the week prior to the exam. Physical exam was remarkable for increased crepitus, swelling and stiffness with decreased range of motion. Current diagnoses included left knee degenerative joint disease and frozen right shoulder. The treatment plan included requesting authorization for Celestrone injection for the right shoulder and a series of three Supartz injections to the left 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 left knee, quantity: 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), Online Edition, Knee and Leg Chapter, 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for left shoulder and right knee pain. Case notes reference a series of Supartz injections in October 2014. When seen, in June 2015 there was crepitus with swelling and stiffness and decreased range of motion. There was right shoulder stiffness and tightness. Diagnoses were degenerative joint disease of the knee and frozen right shoulder. In December 2014 the same diagnoses were present. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant's response to the previous injections in October 2014 is not documented. There is no x-ray evidence provided of severe knee osteoarthritis. A repeat series is not medically necessary.

**Celestrone injection to the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for left shoulder and right knee pain. Case notes reference a series of Supartz injections in October 2014. When seen, in June 2015 there was crepitus with swelling and stiffness and decreased range of motion. There was right shoulder stiffness and tightness. Diagnoses were degenerative joint disease of the knee and frozen right shoulder. In December 2014 the same diagnoses were present. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant's response to the previous injections in October 2014 is not documented. There is no x-ray evidence provided of severe knee osteoarthritis. A repeat series is not medically necessary. Criteria for a shoulder injection include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, not controlled adequately by recommended conservative treatments such as physical therapy or medications, after at least 3 months. In this case, the claimant has findings of adhesive capsulitis and has had prior conservative treatments over at least the previous six months. The requested steroid injection meets coverage criteria and can be considered medically necessary.