MAXIMUS Federal Services

| Case Number: | CM15-0139700 | | |
|---|---|---|---|
| Date Assigned: | 07/29/2015 | Date of Injury: | 01/28/2003 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

## 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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male with an industrial injury dated January 28, 2003. The injured worker's diagnosis includes degenerative disc disease of bilateral knees. Treatment consisted of physical therapy, prescribed medications, multiple procedures on bilateral knee for internal meniscal derangement and periodic follow up visits. In a progress note dated June 29, 2015, the treating physician reported that the injured worker presented with bilateral knee pain, greater in the right than left. The treating physician reported pain with pivoting, rotation, standing and that the injured worker had a significant amount of early arthritis in bilateral joints. The treating physician reported that the Magnetic Resonance Imaging (MRI) dated December 26, 2014 revealed diminution of his medial meniscus from his previous meniscal surgery. MRI also revealed a fair amount of early chondral wear of the patellofemoral joint, tendinosis of the extensor, and a popliteal cyst consistent with pathology involving the joint itself, chronic in nature. Treatment plan consisted of injections and follow up visit. The treating physician prescribed services for left knee Supartz injections, once weekly for five weeks, now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee supartz injections, once weekly for five weeks:** 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), Hyaluronic Acid Injections Section.

**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 injured worker sustained a work related injury on January 28, 2003. The medical records provided indicate the diagnosis of degenerative disc disease of bilateral knees. Treatment consisted of physical therapy, prescribed medications, multiple procedures on bilateral knee for internal meniscal derangement and periodic follow up visits. In a progress note dated June 29, 2015, the treating physician reported that the injured worker presented with bilateral knee pain, greater in the right than left. The medical records provided for review do not indicate a medical necessity for Left knee supartz injections, once weekly for five weeks. The MTUS is silent on Supartz (Hyaluronic acid ) injection of the knee; however, the Official Disability Guidelines recommends this injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen or failure to adequately respond to aspiration and injection of intra-articular steroids), to potentially delay total knee replacement. While the medical records indicate the injured worker has X-ray and MRI findings of knee osteoarthritis, the medical records do not indicate the injured worker has failed treatment with the above listed medications. Therefore, the requested treatment is not medically necessary.